

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-212372

01-02-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Bering Sea Environmental

2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code)  
606B Thimble Shoals Blvd, Suite B2 Newport News, Virginia 23606

3a. Employer Representative - Name and Title  
Kim Smith

3b. Address (if same as 2b - state same)  
Same

3c. Tel. No.  
757-223-1446

3d. Cell No.  
757-749-9128

3e. Fax No.  
757-223-4141

3f. E-Mail Address  
btsmith@beringseagroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
DOD

4b. Principal product or service  
Government Services

5a. City and State where unit is located:  
Virginia Beach, VA

5b. Description of Unit Involved

Included: All full time Engineering Tech II, Tech III, Tech IV, and Tech V  
Instrumentation Tech II & Tech III, Electronic Tech III, Mission Coordinator, EW Pod Tech II

Excluded: All other employees, guards and supervisors as defined by the ACT

6a. No. of Employees in Unit:  
15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:



7a. Request for recognition as Bargaining Representative was made on (Date) 12/29/2017 and Employer declined recognition on or about no reply (Date) (if no reply received, so state). no reply



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).  
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

Eric Benjamin

5510 Yarra Valley Ave Las Vegas, NV 89139

775-232-2843

775-232-2843

10e. Fax No.

10f. E-Mail Address

702-776-6075

ebenjamin@cwa-union.org

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
1-29-2018

11c. Election Time(s):  
1 pm- 4 pm

11d. Election Location(s):  
Employee Break Room

12a. Full Name of Petitioner (including local name and number)  
Eric Benjamin

12b. Address (street and number, city, state, and ZIP code)  
5510 Yarra Valley Ave Las Vegas, NV 89139

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-CWA AFL-CIO

12d. Tel No.

12e. Cell No.

12f. Fax No.

12g. E-Mail Address

775-232-2843

775-232-2843

702-776-6075

ebenjamin@cwa-union.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Eric Benjamin

13b. Address (street and number, city, state, and ZIP code)  
5510 Yarra Valley Ave Las Vegas, NV 89139

13c. Tel No.

13d. Cell No.

13e. Fax No.

13f. E-Mail Address

775-232-2843

775-232-2843

702-776-6075

ebenjamin@cwa-union.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Eric Benjamin

Signature

Title  
International Representative

Date  
12-29-2017

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>05-RC-212374</b>	Date Filed <b>01/02/2018</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>JanTec</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>7469 W. Lake Mead Blvd Suite 100 Las Vegas, NV 89128</b>	
3a. Employer Representative - Name and Title <b>Belinda Hines</b>		3b. Address (If same as 2b - state same) <b>Same</b>	
3c. Tel. No. <b>702-870-5200 ext 108</b>	3d. Cell No.	3e. Fax No. <b>702-870-5320</b>	3f. E-Mail Address <b>bhines@jantec-inc.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>DOD</b>		4b. Principal product or service <b>Government Services</b>	
5a. City and State where unit is located: <b>Virginia Beach, VA</b>		5b. Description of Unit Involved <b>Included: All full time Supply Tech and Shipping Clerks</b> <b>Excluded: All other employees, guards and supervisors as defined by the ACT</b>	
8a. No. of Employees in Unit: <b>3</b>		8b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **12/29/2017** and Employer declined recognition on or about **no reply** (Date) (If no reply received, so state). **no reply**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

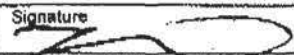
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name <b>Eric Benjamin</b>		10b. Address <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>	
10c. Tel. No. <b>775-232-2843</b>	10d. Cell No. <b>775-232-2843</b>	10e. Fax No. <b>702-776-6075</b>	10f. E-Mail Address <b>ebenjamin@cwa-union.org</b>
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.		11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
11b. Election Date(s): <b>1-29-2018</b>	11c. Election Time(s): <b>1 pm - 4 pm</b>	11d. Election Location(s): <b>Employee Break Room</b>	
12a. Full Name of Petitioner (Including local name and number) <b>Eric Benjamin</b>		12b. Address (street and number, city, state, and ZIP code) <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>	

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-CWA AFL-CIO**

12d. Tel No. <b>775-232-2843</b>	12e. Cell No. <b>775-232-2843</b>	12f. Fax No. <b>702-776-6075</b>	12g. E-Mail Address <b>ebenjamin@cwa-union.org</b>
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title <b>Eric Benjamin</b>		13b. Address (street and number, city, state, and ZIP code) <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>	
13c. Tel No. <b>775-232-2843</b>	13d. Cell No. <b>775-232-2843</b>	13e. Fax No. <b>702-776-6075</b>	13f. E-Mail Address <b>ebenjamin@cwa-union.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Eric Benjamin</b>	Signature 	Title <b>International Representative</b>	Date <b>12-29-2017</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-212491</b>	Date Filed <b>1/4/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> <b>AECOM</b>		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) <b>5425 Robin Hood Road, Suite 111 Norfolk, VA 23513</b>	
<b>3a. Employer Representative - Name and Title</b> <b>Dennis Krupp</b>		<b>3b. Address</b> (If same as 2b - state same) <b>Same</b>	
<b>3c. Tel. No.</b> <b>757-747-7722</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> <b>702-870-5320</b>	<b>3f. E-Mail Address</b> <b>dennis.krupp@aecom.com</b>
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) <b>DOD</b>		<b>4b. Principal product or service</b> <b>Government Services</b>	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time Engineering Tech II, Tech III, Tech IV, and Tech V Instrumentation Tech II & Tech III, Electronic Tech III, Mission Coordinator, EW Pod Tech II <b>Excluded:</b> All other employees, guards and supervisors as defined by the ACT		<b>5a. City and State where unit is located:</b> <b>Virginia Beach, VA</b> <b>5a. No. of Employees in Unit:</b> <b>18</b> <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> <b>12/29/2017</b> <b>and Employer declined recognition on or about</b> <b>no reply</b> <b>(Date)</b> <b>(If no reply received, so state).</b> <b>no reply</b>	<b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>
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<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). <b>None</b>		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** **No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
**None**

<b>10a. Name</b> <b>Eric Benjamin</b>	<b>10b. Address</b> <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>	<b>10c. Tel. No.</b> <b>775-232-2843</b>	<b>10d. Cell No.</b> <b>775-232-2843</b>
		<b>10e. Fax No.</b> <b>702-776-6075</b>	<b>10f. E-Mail Address</b> <b>ebenjamin@cwa-union.org</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> <b>1-29-2018</b>	<b>11c. Election Time(s):</b> <b>1 pm- 4 pm</b>	<b>11d. Election Location(s):</b> <b>Employee Break Room</b>
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<b>12a. Full Name of Petitioner (including local name and number)</b> <b>Eric Benjamin</b>	<b>12b. Address (street and number, city, state, and ZIP code)</b> <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>
---	--

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)**  
**International Union of Electronic, Electrical, Salaried, Machine and Furniture Workers-CWA AFL-CIO**

<b>12d. Tel. No.</b> <b>775-232-2843</b>	<b>12e. Cell No.</b> <b>775-232-2843</b>	<b>12f. Fax No.</b> <b>702-776-6075</b>	<b>12g. E-Mail Address</b> <b>ebenjamin@cwa-union.org</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> <b>Eric Benjamin</b>	<b>13b. Address (street and number, city, state, and ZIP code)</b> <b>5510 Yarra Valley Ave Las Vegas, NV 89139</b>
--	--

<b>13c. Tel. No.</b> <b>775-232-2843</b>	<b>13d. Cell No.</b> <b>775-232-2843</b>	<b>13e. Fax No.</b> <b>702-776-6075</b>	<b>13f. E-Mail Address</b> <b>ebenjamin@cwa-union.org</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> <b>Eric Benjamin</b>	<b>Signature</b> 	<b>Title</b> <b>International Representative</b>	<b>Date</b> <b>1-4-2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-212684

01/09/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Veritiv		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 221 S. 10th Street Suite B Lemoyne, PA 17043	
3a. Employer Representative - Name and Title Ray Hower Jr., Distribution Manager		3b. Address (if same as 2b - state same) same	
3c. Tel. No. 717-612-6100	3d. Cell No.	3e. Fax No.	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Distribution Warehouse		4b. Principal product or service Institutional Supplies	
		5a. City and State where unit is located: Lemoyne, PA	

**5b. Description of Unit Involved**  
Included: all warehouse workers including but not limited to order selectors, receivers, lift drivers, loaders, inventory control, lift mechanics/building maintenance  
Excluded: all management employees, confidential employees, clerical staff, service technicians and guards as defined in the Act.

6a. No. of Employees in Unit:  
43  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/9/2018 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
11b. Election Date(s): January 30, 2018  
11c. Election Time(s): 8:00 am-10:00 am & 9:00pm-10:00pm  
11d. Election Location(s): Employee Conference Room

12a. Full Name of Petitioner (including local name and number)  
Teamsters Local Union No. 776  
12b. Address (street and number, city, state, and ZIP code)  
2552 Jefferson Street Harrisburg, PA 17110

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel. No. 717-233-8766	12e. Cell No.	12f. Fax No. 717-233-6023	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Mark Cicak, Organizer		13b. Address (street and number, city, state, and ZIP code) 2552 Jefferson Street Harrisburg, PA 17110	
13c. Tel. No. 717-233-8766	13d. Cell No. 717-645-2674	13e. Fax No. 717-233-6023	13f. E-Mail Address markcicak@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Mark Cicak	Signature 	Title Organizer	Date 1/9/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-212931

Date Filed

1/12/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer

Financial & Realty Services, LLC

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)

1110 Bonifant Street, #301, Silver Springs, MD 20910

3a. Employer Representative - Name and Title

Claude Gregory, Plant Manager

3b. Address (if same as 2b - state same)

Same

3c. Tel. No.

301-650-9112

3d. Cell No.

3e. Fax No.

301-650-9117

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Wharehouse

4b. Principal product or service

Material Handling/Logistics

5a. City and State where unit is located:

Silver Springs, MD

5b. Description of Unit Involved

Included: All Full Time and Part-time Wharehouse Specialists.

Excluded: Office clerical, professional, managerial, guards and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

Petition is demand for recognition.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

ASAP

11c. Election Time(s):

7:00am to 8:00am or 2:15pm to 3:15pm

11d. Election Location(s):

Employee Breakroom

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers, AFL/CIO, District Lodge 4

12b. Address (street and number, city, state, and ZIP code)

2600 Cabover Drive, Ste. N, Hanover, MD 20176

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Association of Machinists and Aerospace Workers, AFL/CIO

12d. Tel No.

410-487-6919

12e. Cell No.

443-255-5149

12f. Fax No.

410-426-6664

12g. E-Mail Address

brjcompher@yahoo.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title

Rick Compher, DBR

13b. Address (street and number, city, state, and ZIP code)

2600 Cabover Drive, Ste. N, Hanover, MD 20176

13c. Tel No.

410-487-6919

13d. Cell No.

443-255-5149

13e. Fax No.

410-426-6664

13f. E-Mail Address

brjcompher@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

William Rudis

Signature



Title

Grand Lodge Representative

Date

January 11, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-213087

Date Filed

1/17/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Howard University		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 2400 6th St NW DC Washington 20059-0002	
<b>3a. Employer Representative - Name and Title</b> Letitia Silas		<b>3b. Address</b> (If same as 2b - state same) 2400 6th St NW DC Washington 20059-0002	
<b>3c. Tel. No.</b> (202) 806-2656	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (202) 806-6357	<b>3f. E-Mail Address</b> Letitia.silas@howard.edu
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Schools		<b>4b. Principal product or service</b> University	<b>5a. City and State where unit is located:</b> Washington, DC

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 105
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). Metropolitan Campus Police Officers Union Latare Whitake		<b>8b. Address</b> 2225 Georgia Ave NW DC Washington 20059-1014	
<b>8c. Tel No.</b> (202) 257-7327	<b>8d Cell No.</b> (202) 257-7327	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> latorew06@yahoo.com
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)			

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 2/1/18	<b>11c. Election Time(s):</b> 6:30 to 8:00 am 2:30 to 4:30 pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11d. Election Location(s):</b> Howard University 2400 Sixth St NW Washington, DC 20059		<b>12b. Address</b> (street and number, city, state, and ZIP code) 1155 F St NW Ste 1050 DC Washington 20004-1329

**12a. Full Name of Petitioner (including local name and number)**  
Steve Maritas  
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

<b>12d. Tel No.</b> (202) 595-3510	<b>12e. Cell No.</b> (516) 499-2681	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUDC@GMAIL.COM
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Steve Maritas	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 01/16/2018 14:05:03
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-213087	Date Filed 1/17/18

#### Employees Included

All regular full-time and regular part-time University Police officers, Sergeants, security officers & parking enforcement officers performing guard duties as defined in Section 9(B)(3) of the National Labor Relations Act, employed by the employer at its address.

#### Employees Excluded

All office clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-213101 Date Filed 1/17/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Berlin Nursing & Rehabilitation Center		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, State, ZIP code) 9715 Healthway Drive, Berlin, MD 21811	
<b>3a. Employer Representative - Name and Title</b> Carole Daniels - Administrator		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 410-641-4400	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 410-641-0011	<b>3f. E-Mail Address</b> carole.daniels@fundlrc.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Nursing Home		<b>4b. Principal product or service</b> Provide residential accommodations with healthcare	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All hourly paid full-time and part-time employees employed by the employer at its Berlin, Maryland location including full-time & part-time certified nursing assistant, certified medical assistants, geriatric nursing aids, maintenance employees, activity specialist, transport aids and restorative aids. <b>Excluded:</b> All other employees including all registered nurses, licensed practical nurses, office clerical employees, professional employees, guards & supervisors as defined in the NLRA, as amended.		<b>5a. City and State where unit is located:</b> Berlin, Maryland	
		<b>6a. No. of Employees in Unit:</b> 57	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 1/16/2018 and Employer declined recognition on or about no reply (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (if none, so state). None		<b>8b. Address</b> N/A	
<b>8c. Tel No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) N/A	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) Involved?</b> <u>No</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of labor organization) <u>N/A</u> has picketed the Employer since (Month, Day, Year) <u>N/A</u>			

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)  
None

<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b> N/A	<b>10d. Cell No.</b> N/A
		<b>10e. Fax No.</b> N/A	<b>10f. E-Mail Address</b> N/A
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> February 2, 2018	<b>11c. Election Time(s):</b> 6:00am to 7:00am & 2pm to 3:30pm	<b>11d. Election Location(s):</b> Orientation/classroom between Station 4 & 5	
<b>12a. Full Name of Petitioner (including local name and number)</b> United Food & Commercial Workers Union, Local 27		<b>12b. Address (street and number, city, state, and ZIP code)</b> 21 West Road, Suite 200, Baltimore, MD 21204	

<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> United Food & Commercial Workers International Union			
<b>12d. Tel No.</b> N/A	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> N/A	<b>12g. E-Mail Address</b> N/A
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Nelson Hill - Director of Organizing		<b>13b. Address (street and number, city, state, and ZIP code)</b> 21 West Road, Suite 200, Baltimore, MD 21204	
<b>13c. Tel No.</b> 410-337-2700 Ext. 845	<b>13d. Cell No.</b> 302-632-4530	<b>13e. Fax No.</b> 410-307-1799	<b>13f. E-Mail Address</b> n.hill@ufcw27.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Nelson Hill	<b>Signature</b> 	<b>Title</b> Director of Organizing	<b>Date</b> 1/16/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5 RC-213510</b>	Date Filed <b>1/25/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Alutiq Security		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> US. Coast Guard 2401 Hawkins Point Road Curtis Bay, Maryland 21226	
<b>3a. Employer Representative - Name and Title</b> Norman Watts Regional Manager		<b>3b. Address (if same as 2b - state same)</b>	
<b>3c. Tel. No.</b> 252-339-2616	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 571-267-7904	<b>3f. E-Mail Address</b> norman.watts@alutiq.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Contract Security		<b>4b. Principal product or service</b> Security	
<b>5a. City and State where unit is located:</b> Curtis Bay, Maryland		<b>5b. Description of Unit Involved</b> Included: All armed and unarmed officers and Sergeants Excluded: All managers, office personal and Project manager	
<b>6a. No. of Employees in Unit:</b> 7		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 01/23/2018 <b>and Employer declined recognition on or about</b> _____ <b>(Date) (if no reply received, so state).</b>		<b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>	
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>NO</u> <b>If so, approximately how many employees are participating?</b> _____ <b>(Name of labor organization)</b> _____ <b>has picketed the Employer since (Month, Day, Year)</b> _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (if none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 02/08/2018	<b>11c. Election Time(s):</b> 7AM TO 4PM	<b>11d. Election Location(s):</b> On site	
<b>12a. Full Name of Petitioner (including local name and number)</b> Governed United Security Professionals		<b>12b. Address (street and number, city, state, and ZIP code)</b> 5602 Baltimore National Pike Suite #607 Baltimore, MD 21228	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Governed United Security Professionals			
<b>12d. Tel No.</b> 443-304-2018	<b>12e. Cell No.</b> 443-562-3230	<b>12f. Fax No.</b> 443-304-2855	<b>12g. E-Mail Address</b> k1eme@yahoo.com
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Kent Emery/ President		<b>13b. Address (street and number, city, state, and ZIP code)</b> 5602 Baltimore National Pike Suite #607 Baltimore, MD 21228	
<b>13c. Tel No.</b> 443-304-2018	<b>13d. Cell No.</b> 443-562-3230	<b>13e. Fax No.</b> 443-304-2855	<b>13f. E-Mail Address</b> k1eme@yahoo.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Kent Emery	<b>Signature</b>	<b>Title</b> President	<b>Date</b> 01/23/2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

5-RC-213594

Date Filed

1/25/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**

Dillon's Bus Service, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

7479 New Ridge Rd  
MD Hanover 21076-3129

**3a. Employer Representative - Name and Title**

Derrick Kazimierski

**3b. Address (If same as 2b - state same)**

7479 New Ridge Rd  
MD Hanover 21076-3129

**3c. Tel. No.**

(410) 647-2321

**3d. Cell No.**

**3e. Fax No.**

(410) 647-8827

**3f. E-Mail Address**

derrick.kazimierski@coachusa.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Transportation

**4b. Principal product or service**

Bus Transportation

**5a. City and State where unit is located:**

Hanover, MD

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

120

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
February 15, 2018

**11c. Election Time(s):**  
6:30 a.m. to 12:00 noon, 5:00 p.m. to 9:00 p.m.

**11d. Election Location(s):**  
Drivers' Lounge at the Employer's Hanover, MD Facility

**12a. Full Name of Petitioner (including local name and number)**

Aaron Duffy  
Amalgamated Transit Union Local 1764

**12b. Address (street and number, city, state, and ZIP code)**  
10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

Amalgamated Transit Union

**12d. Tel No.**

(443) 815-1655

**12e. Cell No.**

(443) 815-1655

**12f. Fax No.**

**12g. E-Mail Address**  
pba1764ad@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Daniel B. Smith Assistant General Counsel  
Amalgamated Transit Union

**13b. Address (street and number, city, state, and ZIP code)**

10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**13c. Tel No.**

(301) 431-7100

**13d. Cell No.**

(202) 714-4219

**13e. Fax No.**

**13f. E-Mail Address**  
dsmith@atu.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Daniel B. Smith

**Signature**

Daniel B. Smith

**Title**

Assistant General Counsel

**Date**

01/25/2018 10:51:45

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-213594	Date Filed 1/25/18

**Employees Included**

All full-time and regular part-time bus drivers employed by the Employer at its Hanover, Maryland facility.

**Employees Excluded**

All office clerical employees, mechanics, bus washers, managerial employees, professional employees, guards and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. <b>5-RC-213804</b>	Date Filed <b>1/30/18</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Harkins Ready Mix Inc		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 34370 Harkins Ln MD Pittsville 21850-2185	
<b>3a. Employer Representative - Name and Title</b> Gabe Eagler		<b>3b. Address (If same as 2b - state same)</b> 34370 Harkins Ln MD Pittsville 21850-2185	
<b>3c. Tel. No.</b> (410) 835-2700	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (410) 835-2002	<b>3f. E-Mail Address</b> geagler@harkinsreadymix.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Construction - Raw Materials		<b>4b. Principal product or service</b> transport material to worksites by truck	
		<b>5a. City and State where unit is located:</b> Pittsville, MD	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 16
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> 2/12/18	<b>11c. Election Time(s):</b> 7am	<b>11d. Election Location(s):</b> mechanic shop
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<b>12a. Full Name of Petitioner (including local name and number)</b> Edwin A. Mulford III Edwin A. Mulford III Truck drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union No. 355	<b>12b. Address (street and number, city, state, and ZIP code)</b> 1030 S. Dukeland St MD Baltimore 21223-3381
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (410) 566-5700	<b>12e. Cell No.</b> (443) 844-0300	<b>12f. Fax No.</b> (410) 566-1485	<b>12g. E-Mail Address</b> emulford@teamsters355.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Edwin A. Mulford III	<b>Signature</b> Edwin A. Mulford III	<b>Title</b> organizer	<b>Date</b> 01/29/2018 11:55:02
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-213804	Date Filed 1/30/18

Employees Included  
drivers, mechanics and loaders

Employees Excluded  
office, supervisors and managers as described by NLRA

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-214082</b>	Date Filed <b>2/2/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> TriCorps		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 12312 Hidden Forrest Blvd., Oklahoma City, Oklahoma 73142	
<b>3a. Employer Representative - Name and Title</b> Terri Kriegler		<b>3b. Address (If same as 2b - state same)</b> Same	
<b>3c. Tel. No.</b> 405-621-9006	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 405-621-9033	<b>3f. E-Mail Address</b> terrikriegler@tricorps.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Museum		<b>4b. Principal product or service</b> Protective Services	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All security officers and security police officers employed by the Employer at the Museum of the Bible, located at 409 3rd Street, SW, Washington, DC 20024 <b>Excluded:</b> All other employees and all supervisors as defined under the Act.		<b>5a. City and State where unit is located</b> Washington, DC	
		<b>6a. No. of Employees in Unit:</b> Approx. 80	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
<b>8g. Affiliation, if any</b> N/A		<b>8h. Date of Recognition or Certification</b> N/A	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> N/A	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? N/A  
(Name of labor organization) N/A has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> February 21, 2018	<b>11c. Election Time(s):</b> 6:30 a.m. - 8:30 a.m. & 2:30 p.m. to 3:30 p.m.	<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
<b>12a. Full Name of Petitioner (Including local name and number)</b> International Guards Union of America, Local 161		<b>11d. Election Location(s):</b> Conference Room
		<b>12b. Address (street and number, city, state, and ZIP code)</b> P.O. Box 6633, Oak Ridge, TN 37831

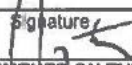
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Guards Union of America

<b>12d. Tel No.</b>	<b>12e. Cell No.</b> 865-335-6800	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b> ronaldknauff@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Jeffrey L. Cutler, Attorney at Law		<b>13b. Address (street and number, city, state, and ZIP code)</b> 18501 Ventura Blvd., Suite 304, Encino, CA 91436	
<b>13c. Tel No.</b> 818-501-8030 ext. 322	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 818-501-5306	<b>13f. E-Mail Address</b> jcutler@wkcllegal.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jeffrey L. Cutler	<b>Signature</b> 	<b>Title</b> Attorney at Law	<b>Date</b> February 1, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-214399</b>	Date Filed <b>2/7/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Swissport Cargo Services, BWI		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1003 Air Cargo Drive, Bldg. B, Door 29, Baltimore, MD 21240	
<b>3a. Employer Representative - Name and Title</b> Blake Martin, HR		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 571-386-1323	<b>3d. Cell No.</b> 571-363-8005	<b>3e. Fax No.</b> Unk.	<b>3f. E-Mail Address</b> blake.martin@swissport.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Cargo Warehouse Facility		<b>4b. Principal product or service</b> Cargo	
<b>5b. Description of Unit Involved</b> Included: All Full Time and Regular Part-time Cargo Office Agents, Cargo Warehouse Agents and Cargo Mail Agents.  Excluded: office clerical, professional, managerial, guards and supervisors, as defined in the Act.		<b>5a. City and State where unit is located:</b> Same	

<b>6a. No. of Employees in Unit:</b> 16
<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>Petition serves as a demand for recognition.</b>
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> ASAP
<b>11c. Election Time(s):</b> 7am to 8am & 3pm to 4pm
<b>11d. Election Location(s):</b> Employee Break Room in the Warehouse

<b>12a. Full Name of Petitioner (including local name and number)</b> International Association of Machinists and Aerospace Workers, AFL-CIO, District Lodge 15, Local Lodge 447	<b>12b. Address (street and number, city, state, and ZIP code)</b> 652 4th Ave., Brooklyn, NY 11232
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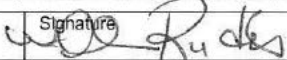
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Association of Machinists and Aerospace Workers, AFL-CIO

<b>12d. Tel No.</b> 646-926-2910	<b>12e. Cell No.</b> 860-604-2253	<b>12f. Fax No.</b> 646-902-5720	<b>12g. E-Mail Address</b> wrudis@iamaw.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> William Rudis, GLR		<b>13b. Address (street and number, city, state, and ZIP code)</b> 26 Court Street, Suite 1710, Brooklyn, NY 11242	
<b>13c. Tel No.</b> Same	<b>13d. Cell No.</b> Same	<b>13e. Fax No.</b> Same	<b>13f. E-Mail Address</b> Same

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> William Rudis	<b>Signature</b> 	<b>Title</b> Grand Lodge Representative	<b>Date</b> February 6, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-214458

Date Filed  
2/8/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer MGM National Harbor		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 101 MGM National Ave, National Harbor MD 20745	
3a. Employer Representative - Name and Title Logan P. Gaskill, Vice Pres Human Resources		3b. Address (if same as 2b - state same) 101 MGM National Ave, National Harbor MD 20745	
3c. Tel. No. 301-749-7500	3d. Cell No.	3e. Fax No. 301-749-7502	3f. E-Mail Address lgaskill@mgmnationalharbor.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Guards and Patrol Services		4b. Principal product or service Guard	5a. City and State where unit is located: Oxon Hill MD
5b. Description of Unit Involved Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the National Harbor (MGM) currently located at 101 MGM National Ave, National Harbor Excluded: Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act			6a. No. of Employees in Unit: 150 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/08/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)  
Law Enforcement Officers Security Unions LEOSU-DC

10a. Name Steve Maritas	10b. Address 1155 FST, NE Suite	10c. Tel. No. 202-595-3510	10d. Cell No. 516-499-2681
		10e. Fax No. 202-595-3510	10f. E-Mail Address leosunions@gmail.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:  
11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): FEBRUARY 21, 2018	11c. Election Time(s): 7 a.m. - 9 a.m. and 1 p.m. - 3 p.m.	11d. Election Location(s): 101 MGM National Ave, National Harbor MD 20745
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12a. Full Name of Petitioner (Including local name and number)  
Union Rights for Security Officers  
12b. Address (street and number, city, state, and ZIP code)  
5166 7th Street NE, Washington DC 20011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Stanley Hutchins

12d. Tel. No. 202-306-0060	12e. Cell No. 202-306-0060	12f. Fax No. 301-505-3646	12g. E-Mail Address stanhutch1228@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Stanley Hutchins, Union President  
13b. Address (street and number, city, state, and ZIP code)  
5166 7th Street NE, Washington DC 20011

13c. Tel. No. 202-306-0060	13d. Cell No. 202-306-0060	13e. Fax No. 301-505-3646	13f. E-Mail Address stanhutch1228@yahoo.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stanley Hutchins	Signature 	Title Union President	Date 2/08/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-214714** Date Filed **2/13/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Cuestas, Inc.</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>110 Irving St NW, Washington DC 20010</b>	
3a. Employer Representative - Name and Title <b>Julio Cuesta</b>		3b. Address (If same as 2b - state same) <b>11898 Falling Creek, Dr., Manassas, VA 20112</b>	
3c. Tel. No. <b>571-399-7808</b>	3d. Cell No. <b>703-930-6053</b>	3e. Fax No. <b>703-794-7443</b>	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Hospital</b>		4b. Principal product or service <b>Maintenance services</b>	
5a. City and State where unit is located: <b>Washington DC</b>		5b. No. of Employees in Unit: <b>9</b>	
5b. Description of Unit Involved <b>Included: All full-time and regular part-time maintenance employees</b> <b>Excluded: office clericals, administrative and management employees, guards, and supervisors</b>		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>NONE</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name <b>NONE</b>	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

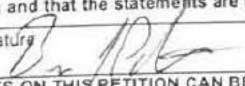
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>March 9, 2018</b>	11c. Election Time(s): <b>11:30 am - 1:00 pm</b>	11d. Election Location(s): <b>1st Floor Supply Room, 110 Irving St NW, Washington DC</b>
12a. Full Name of Petitioner (including local name and number) <b>Public Service Employees Local Union 572</b>		12b. Address (street and number, city, state, and ZIP code) <b>5627 Allentown Rd, Ste. 206, Camp Springs, MD 20746</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>Laborers' International Union of North America (LIUNA)</b>			

12d. Tel No. <b>301-316-4888</b>	12e. Cell No.	12f. Fax No. <b>301-316-0572</b>	12g. E-Mail Address
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Brian Petruska</b>		13b. Address (street and number, city, state, and ZIP code) <b>11951 Freedom Drive, Ste. 310, Reston VA 20190</b>	
13c. Tel No. <b>703-860-4194</b>	13d. Cell No.	13e. Fax No. <b>703-860-1865</b>	13f. E-Mail Address <b>bpetruska@maluna.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Brian Petruska</b>	Signature 	Title <b>Counsel</b>	Date <b>2/12/18</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-214988

Date Filed

2/16/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 8 of the National Labor Relations Act.

**2a. Name of Employer**  
National Abortion Federation Hotline Fund

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1090 Vermont Avenue NW, Suite 1000, Washington, DC 20005

**3a. Employer Representative - Name and Title**  
Vickie Saporta, CEO

**3b. Address (If same as 2b - state same)**  
(same)

**3c. Tel. No.**  
202-667-5881

**3d. Cell No.**

**3e. Fax No.**  
202-667-5890

**3f. E-Mail Address**  
vsaporta@prochoice.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
non-profit organization

**4b. Principal product or service**  
counseling and related services

**5a. City and State where unit is located.**  
Washington, DC

**5b. Description of Unit Involved**

**Included:** All full- and part-time employees of the National Abortion Federation Hotline Fund, including but not limited to, case managers, assistant case managers, hotline intake counselors, peer trainers, quality and operations coordinators, and quality and operations assistants

**6a. No. of Employees in Unit:**  
36

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Excluded:** managerial employees, guards and supervisors as defined in the Act

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/7/18 **and Employer declined recognition on or about** \_\_\_\_\_ (Date) (if no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (if none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 8, 2018

**11c. Election Time(s):**  
2-4pm; 6-8pm

**11d. Election Location(s):**  
Large Conference room

**12a. Full Name of Petitioner (including local name and number)**  
Washington-Baltimore Newspaper Guild, Local 32035

**12b. Address (street and number, city, state, and ZIP code)**  
1225 Eye Street NW, Suite 300, Washington, DC 20005

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
The News Guild - Communications Workers of America, AFL-CIO, CLC

**12d. Tel. No.**  
202-785-3650 x 15

**12e. Cell No.**

**12f. Fax No.**  
202-785-3659

**12g. E-Mail Address**  
b.coreljett@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Robert E. Paul, Attorney

**13b. Address (street and number, city, state, and ZIP code)**  
1025 Connecticut Ave. NW, Suite 712, Washington, DC 20036

**13c. Tel. No.**  
202-857-5000

**13d. Cell No.**

**13e. Fax No.**  
202-223-8417

**13f. E-Mail Address**  
rpaul@zwerdlin.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Robert E. Paul

**Signature**  


**Title**  
Attorney

**Date**  
February 16, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-215064

Date Filed

2/22/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act

**2a. Name of Employer**  
Badger Daylighting Corp.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
11145 Industrial Road, Manassas, VA 20109

**3a. Employer Representative - Name and Title**  
Elizabeth Peterson  
Vice President US East Operations

**3b. Address (If same as 2b - state same)**  
8930 Motor Sports Way, Brownsburg, IN 46112-2519

**3c. Tel. No.**  
(317)771-7624

**3d. Cell No.**  
(317)771-7624

**3e. Fax No.**  
(317)892-2664

**3f. E-Mail Address**  
epeterson@badgerinc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Truck yard

**4b. Principal product or service**  
Hydro-excavation services

**5a. City and State where unit is located:**  
Manassas, VA

**5b. Description of Unit Involved**

**Included:** All full-time vac-truck operators employed by the Employer that report to work at its truck yard currently located at 11145 Industrial Road in Manassas, Virginia.

**Excluded:** Managers, office clerical employees, professional employees, managerial employees, guards and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**

7

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [ X ] No [ ]**

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 2/14/18 **and Employer declined recognition on or about** 2/14/18 **(Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
None

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No **If so, approximately how many employees are participating?** \_\_\_\_\_  
**(Name of labor organization)** \_\_\_\_\_ **has picketed the Employer since (Month, Day, Year)** \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
3/2/18

**11c. Election Time(s):**  
4 p.m. to 6 p.m.

**11d. Election Location(s):**  
Conference Room at 11145 Industrial Road, Manassas, VA 20109

**12a. Full Name of Petitioner (including local name and number)**  
International Union of Operating Engineers, Local 77

**12b. Address (street and number, city, state, and ZIP code)**  
4546 Britannia Way, Suitland, MD 20746

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union of Operating Engineers, affiliated with the AFL-CIO

**12d. Tel. No.**  
(301)899-6900

**12e. Cell No.**  
(540)287-2057

**12f. Fax No.**  
(240)719-2543

**12g. E-Mail Address**  
greg@iuoelocal77.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Greg Strotman, Business Agent

**13b. Address (street and number, city, state, and ZIP code)**  
SAME AS ABOVE

**13c. Tel. No.**  
SAME AS ABOVE

**13d. Cell No.**  
SAME AS ABOVE

**13e. Fax No.**  
SAME AS ABOVE

**13f. E-Mail Address**  
SAME AS ABOVE

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Greg Strotman

**Signature**  


**Title**  
Business Agent

**Date**  
2/16/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-2182595202

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 5-RC-215707	Date Filed 3/1/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Towers Condominium	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 4201 Cathedral Ave., NW, Washington, DC 20016
--	--

3a. Employer Representative - Name and Title Steve Desimone	3b. Address (if same as 2b - state same) SAME AS ABOVE
--	---

3c. Tel. No. 202-686-2033	3d. Cell No. 202-525-8123	3e. Fax No. N/A	3f. E-Mail Address sdesimone@towersca.org
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) condominium	4b. Principal product or service housing	5a. City and State where unit is located: Washington, DC
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5b. Description of Unit Involved  
Included: All full-time and regular part-time painters employed by the employer at the Towers Condominium in Washington, DC.

Excluded: All professional, clerical and managerial employees, guards, and supervisors as defined in the Act.

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 2/27/18 and Employer declined recognition on or about No reply (Date) (If no reply received, so state).

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). None	8b. Address
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8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state) None

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): March 12, 2018	11c. Election Time(s): 11:30-12:30	11d. Election Location(s): 4201 Cathedral Ave., NW, Washington DC 20016
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12a. Full Name of Petitioner (Including local name and number) International Union of Operating Engineers, Local 99	12b. Address (street and number, city, state, and ZIP code) 2461 Wisconsin Ave., NW, Washington DC 20007
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union of Operating Engineers

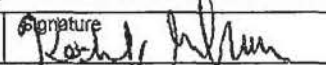
12d. Tel No. 202-337-0099, Ext. 23	12e. Cell No. 202-744-9519	12f. Fax No. 202-333-1882	12g. E-Mail Address kgraham@iuoclocal99.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Keith J. Graham, Organizer	13b. Address (street and number, city, state, and ZIP code) SAME AS ABOVE
---	--

13c. Tel No. SAME AS ABOVE	13d. Cell No. SAME AS ABOVE	13e. Fax No. SAME AS ABOVE	13f. E-Mail Address SAME AS ABOVE
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Keith J. Graham	Signature 	Title Organizer	Date 3/1/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-2189344560

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-215862

3/2/2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
OMNIPLEX World Services Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
14151 Park Meadow Drive  
VA Chantilly 20151-

**3a. Employer Representative - Name and Title**  
Janine Sweeney

**3b. Address (If same as 2b - state same)**  
14151 Park Meadow Drive  
VA Chantilly 20151-

**3c. Tel. No.**  
(703) 652-3264

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
JSWEENEY@omnplex.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Security Systems & Services

**4b. Principal product or service**  
SECURITY

**5a. City and State where unit is located:**  
Arlington, VA

**5b. Description of Unit Involved**  
**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
139

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Excluded:** See Attached Page 2 for additional details

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
United Government Security Officers of America (UGSOA) and it Local 358 Desiree Sulliv

**8b. Address**  
2879 Cranberry Hwy  
MA East Wareham 02538-1327

**8c. Tel No.**  
(800) 572-6103

**8d. Cell No.**

**8e. Fax No.**  
(774) 678-4658

**8f. E-Mail Address**  
DSullivan@ugsoa.com

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
08/31/2019

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
March 19, 2018

**11c. Election Time(s):**  
Mail Ballot

**11d. Election Location(s):**  
TSA HQ, FSIF, Annapolis Junction, Walker Lane & Herndon

**12a. Full Name of Petitioner (including local name and number)**  
Steve Maritas  
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA

**12b. Address (street and number, city, state, and ZIP code)**  
1155 F Street NW #1050  
DC Washington 20004-1329

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

**12d. Tel No.**  
(202) 595-3510

**12e. Cell No.**  
(165) 499-2681

**12f. Fax No.**  
(202) 595-3510

**12g. E-Mail Address**  
LEOSUDC@GMAIL.COM

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Steve Maritas

**Signature**

**Title**  
Organizing Director

**Date**  
03/1/2018 21:58:28

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-216150

Date Filed

3/8/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Paragon Systems, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 633 Indiana Ave NW, Washington DC 20004	
3a. Employer Representative - Name and Title Laura M. Hagan Vice President/General Counsel		3b. Address (if same as 2b - state same) 13655 Dulles Technology Drive, Suite 100 Herndon, VA 20171	
3c. Tel. No. 703-263-7176	3d. Cell No. 865-266-0383	3e. Fax No. 703-579-1563	3f. E-Mail Address lhagan@parasys.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Guards and Patrol Services		4b. Principal product or service Guard	5a. City and State where unit is located: Washington DC
5b. Description of Unit involved Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the Court Services and Offender Supervision Agency (CSOSA) currently located at 633 Indiana Ave NW, Washington DC 20004 Excluded: Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act			6a. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 3/06/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). NONE		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): MARCH 27, 2018	11c. Election Time(s): 7 a.m. - 9a.m. and 1 p.m. - 3 p.m.	11d. Election Location(s): 633 Indiana Ave NW, Washington DC 20004
12a. Full Name of Petitioner (including local name and number) Union Rights for Security Officers		12b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	

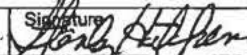
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Stanley Hutchins

12d. Tel No. 202-306-0060	12e. Cell No. 202-306-0060	12f. Fax No. 301-505-3646	12g. E-Mail Address stanhutch1228@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stanley Hutchins, Union President		13b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	
13c. Tel No. 202-306-0060	13d. Cell No. 202-306-0060	13e. Fax No. 301-505-3646	13f. E-Mail Address stanhutch1228@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stanley Hutchins	Signature 	Title Union President	Date 3/06/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-AC-216151

Date Filed

3/8/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> American Security Program		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, State, ZIP code) 10400 Furnace Road, Lorton VA 22079	
<b>3a. Employer Representative - Name and Title</b> MARK PHINNEY, DIRECTOR OF OPERATIONS		<b>3b. Address</b> (if same as 2b - state same) 1881 Campus Commons Drive Suite 105 Reston, VA 20191-1520	
<b>3c. Tel. No.</b> 703-834-8900	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 703-834-8947	<b>3f. E-Mail Address</b> mphinney@securamerallc.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Guards and Patrol Services		<b>4b. Principal product or service</b> Guard	
		<b>5a. City and State where unit is located:</b> LORTON VA	

**6b. Description of Unit Involved**  
**Included:** All full time and regular part-time protective service officers and sergeants employed by the Employer at the Defense Logistics Agency (DLA) currently located at 10400 Furnace Road in Lorton  
**Excluded:** Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
3

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 03/08/2018 **and Employer declined recognition on or about** (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) NONE

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE.

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):** MARCH 27, 2018

**11c. Election Time(s):** 7 a.m. - 9a.m. and 1 p.m. - 3 p.m.

**11d. Election Location(s):** 400 CST SW Washington DC 20024

**12a. Full Name of Petitioner (Including local name and number)**  
Union Rights for Security Officers

**12b. Address (street and number, city, state, and ZIP code)**  
5166 7th Street NE, Washington DC 20011

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Stanley Hutchins

**12d. Tel No.** 202-306-0060

**12e. Cell No.** 202-306-0060

**12f. Fax No.** 301-505-3646

**12g. E-Mail Address** stanhutch1228@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title** Stanley Hutchins, Union President

**13b. Address (street and number, city, state, and ZIP code)**  
5166 7th Street NE, Washington DC 20011

**13c. Tel No.** 202-306-0060

**13d. Cell No.** 202-306-0060

**13e. Fax No.** 301-505-3646

**13f. E-Mail Address** stanhutch1228@yahoo.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)** Stanley Hutchins **Signature** Stanley Hutchins **Title** Union President **Date** 03/08/2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-216228

Date Filed

3/9/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Elite Protective Services Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 11331 Amherst Ave MD Silver Spring 20902-4656	
<b>3a. Employer Representative - Name and Title</b> Michael Katz		<b>3b. Address (If same as 2b - state same)</b> 11331 Amherst Ave MD Silver Spring 20902-4656	
<b>3c. Tel. No.</b> (301) 949-9716	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> (301) 933-9037	<b>3f. E-Mail Address</b> mkatz@elite-protective.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services		<b>4b. Principal product or service</b> Security at Government facilities	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Rockville, MD	
		<b>6a. No. of Employees in Unit:</b> 10	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 03/07/2018 and Employer declined recognition on or about 03/07/2018 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
Governed United Security Professionals Union (GUSPU)

<b>10a. Name</b> Mike Wallace Union Representative	<b>10b. Address</b> 1258 Stevens Ave MD Halethorpe 21227-2644	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b> (443) 750-2051
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b> mWallace@guspu.com

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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<b>11b. Election Date(s):</b> Mail	<b>11c. Election Time(s):</b> Mail	<b>11d. Election Location(s):</b> Mail
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12a. Full Name of Petitioner (including local name and number)  
Ronald A Mikell  
National League of Justice and Security Professionals

<b>12b. Address (street and number, city, state, and ZIP code)</b> 305 Mt. Zion RD PA Dillsburg 17019-
--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
National League of Justice and Security Professionals

<b>12d. Tel. No.</b> (503) 544-3257	<b>12e. Cell No.</b> (503) 544-3257	<b>12f. Fax No.</b> (717) 502-6763	<b>12g. E-Mail Address</b> President@nljps.us
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Ronald A Mikell	<b>Signature</b> Mr. Ronald A. Mikell	<b>Title</b> President	<b>Date</b> 03/8/2018 10:57:21
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
5-RC-216228	3/9/18

**Employees Included**

Full and part-time Security services for US Dept HHS at Leased facility located at 1101 Wootton Parkway Rockville Md

**Employees Excluded**

Supervisors, Managers and clerical personnel as defined in the National Labor Relations Act (NLRA)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-AC-216690

Date Filed

3/16/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Jacobs		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 1 Nasa Dr VA Hampton 23666-1387	
<b>3a. Employer Representative - Name and Title</b> Patrick Bocian		<b>3b. Address (If same as 2b - state same)</b> 600 William Northern Blvd TN Tullahoma 37388-4729	
<b>3c. Tel. No.</b> (931) 393-6697	<b>3d. Cell No.</b> (931) 222-0417	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> patrick.bocian@jacobs.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Construction		<b>4b. Principal product or service</b> Maintenance	<b>5a. City and State where unit is located:</b> Hampton, VA

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 2
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 02/22/2018 and Employer declined recognition on or about 02/26/2018 (Date) (If no reply received, so state). Yes  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 04/15/2018	<b>11c. Election Time(s):</b> 3:30 pm -4:00 pm	<b>11d. Election Location(s):</b> work site (NASA Base)	
<b>12a. Full Name of Petitioner (including local name and number)</b> Jeffrey S Rowe International Brotherhood of Electrical Workers Local Union 1340		<b>12b. Address (street and number, city, state, and ZIP code)</b> 552 Industrial Park Dr VA Newport News 23608-8630	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Electrical workers AFL-CIO			
<b>12d. Tel No.</b> (757) 875-1340	<b>12e. Cell No.</b> (757) 288-9684	<b>12f. Fax No.</b> (757) 875-2869	<b>12g. E-Mail Address</b> jeffro@ibew1340.com

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Jeffrey Rowe		<b>13b. Address (street and number, city, state, and ZIP code)</b> 552 Industrial Park Drive, Newport News, VA 23608	
<b>13c. Tel No.</b> 757-875-1340	<b>13d. Cell No.</b> 757-288-9684	<b>13e. Fax No.</b> 757-875-2869	<b>13f. E-Mail Address</b> jeffro@ibew1340.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Jeffrey S Rowe	<b>Signature</b> Jeffrey Rowe	<b>Title</b> Business Manager	<b>Date</b> 03/15/2018 14:37:41
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-AC-216690	Date Filed 3/16/18

Employees Included

All full time and regular part time elevator mechanics: Petitioner seeks an amour globe election to include these employees into the current unit represented by the petitioner

Employees Excluded

All Supervisors and Managers

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 5-RC-217393

Date Filed

-5-RC-317393-

3/29/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> MGM National Harbor		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 101 Mgm National Ave MD Oxon Hill 20745-4731	
<b>3a. Employer Representative - Name and Title</b> Vonda Harris		<b>3b. Address</b> (If same as 2b - state same) 120 Waterfront St Ste 500 MD Oxon Hill 20745-1142	
<b>3c. Tel. No.</b> (301) 971-6977	<b>3d. Cell No.</b> (202) 212-9130	<b>3e. Fax No.</b> (301) 971-5931	<b>3f. E-Mail Address</b> voharris@mgmresorts.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Casinos & Gaming		<b>4b. Principal product or service</b> Resort, Lodging and Gaming	
<b>5b. Description of Unit Involved</b> <b>Included:</b> See Attached Page 2 for additional details <b>Excluded:</b> See Attached Page 2 for additional details		<b>5a. City and State where unit is located:</b> Oxon Hill, MD	
		<b>6a. No. of Employees in Unit:</b> 16	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state).		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 18, 2018	<b>11c. Election Time(s):</b> 3-5pm	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11d. Election Location(s):</b> Training Room B		<b>12b. Address</b> (street and number, city, state, and ZIP code) 3100 Ames PI NE DC Washington 20018-1591	

**12a. Full Name of Petitioner (including local name and number)**  
Scott Clark  
Teamsters Local 639

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
International Brotherhood of Teamsters

<b>12d. Tel No.</b> (202) 636-8170	<b>12e. Cell No.</b> (202) 669-1942	<b>12f. Fax No.</b> (202) 529-9382	<b>12g. E-Mail Address</b> sclark@local639.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address</b> (street and number, city, state, and ZIP code)	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Scott Clark	<b>Signature</b> Scott Clark	<b>Title</b> Business Agent	<b>Date</b> 03/29/2018 09:53:51
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-217383	Date Filed 3/29/18

Employees Included

All Full-Time and Part-Time Horticulturists, Gardeners, Garden Conservatory and Floral Designers

Employees Excluded

All supervisors, managers, dispatchers, mechanics, clerical employees and guards as defined by the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

05-RC-217831

Date Filed

04-04-18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Georgetown University		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 3700 O St NW, Washington, DC 20057	
<b>3a. Employer Representative - Name and Title</b> Vicki Browne-Moore, University Director for HR Client Services		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 202-687-3399	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> vb5@georgetown.edu
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) School		<b>4b. Principal product or service</b> University	
<b>5a. City and State where unit is located:</b> Washington DC			

**5b. Description of Unit Involved**

**Included:** All full-time and regular part-time security officers special police officers I & II, master police officers, investigators & communication officers, performing guard duties as defined under Section 9(b)(3) of the Act, employed by the Employer at its locations as noted in 11d.

**Excluded:** all confidential employees, office clerical employees, executive and managerial employees, non-guards, student access controllers, sergeants and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
70

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). International Union, Security, Police & Fire Professionals of America SPFPA & its amalgamated 442		<b>8b. Address</b> 25510 Kelly Road Roseville, MI 48066	
<b>8c. Tel No.</b> 800-228-7492	<b>8d. Cell No.</b> 586-709-9563	<b>8e. Fax No.</b> (586) 772-9644.	<b>8f. E-Mail Address</b> DLHICKEY01@AOL.COM
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> January 8, 2016	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) June 30, 2018

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> April 23, 2018	<b>11c. Election Time(s):</b> 6:30 to 7:30 am & 2:30 to 3:30 PM	<b>11d. Election Location(s):</b> Main Campus & Law Center Locations - see Case 05-RC-149517
<b>12a. Full Name of Petitioner (including local name and number)</b> Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1155 F Street NW #1050 Washington DC 20004

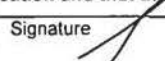
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

<b>12d. Tel No.</b> 202-595-3510	<b>12e. Cell No.</b> 202-486-8558	<b>12f. Fax No.</b> 202-595-3510	<b>12g. E-Mail Address</b> LEOSUDC@GMAIL.COM
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Steve Maritas Organizing Director		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1155 F Street NW #1050 Washington DC 20004	
<b>13c. Tel No.</b> 202-595-3510	<b>13d. Cell No.</b> 202-486-8558	<b>13e. Fax No.</b> 202-595-3510	<b>13f. E-Mail Address</b> LEOSUDC@GMAIL.COM

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Steve Maritas	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 4/4/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-218196 Date Filed 04-10-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
CSI Corporation of DC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
499 South Capitol Street, SW, Washington, DC 20003

**3a. Employer Representative - Name and Title**  
Johnetta Holland

**3b. Address (If same as 2b - state same)**  
633 Pennsylvania Avenue, NW, Third Floor, Washington, DC. 20004

**3c. Tel. No.**  
301.650.4100

**3d. Cell No.**  
202.393.1100

**3e. Fax No.**  
202.393.1103

**3f. E-Mail Address**  
Jholland@csicorpcdc.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Security

**4b. Principal product or service**  
Security Services

**5a. City and State where unit is located:**  
Washington, DC

**5b. Description of Unit Involved**

**Included:** All regular full-time and part-time armed and unarmed security officers performing guard duties as defined in Section 9(b)(3) of the Act, employed by CSI Corporation of DC.

**Excluded:** All office clerical employees, managerial employees, and supervisors as defined by the Act.

**6a. No. of Employees in Unit:**  
4

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 03-27-2018 and Employer declined recognition on or about (Date) (If no reply received, so state). No reply received.**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
April 9, 2018

**11c. Election Time(s):**

**11d. Election Location(s):**

**12a. Full Name of Petitioner (Including local name and number)**  
National Association of Special Police and Security Officers

**12b. Address (street and number, city, state, and ZIP code)**  
840 First Street, NE, Third Floor, Washington, DC 20002

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
National Association of Special Police and Security Officers

**12d. Tel No.**  
202.487.3438

**12e. Cell No.**  
202.487.3438

**12f. Fax No.**  
202.758.3262

**12g. E-Mail Address**  
Frasergaby1@aol.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Gaby L. Fraser

**13b. Address (street and number, city, state, and ZIP code)**  
840 First Street, NE, Third Floor, Washington, DC 20002

**13c. Tel No.**  
202.487.3438

**13d. Cell No.**  
202.487.3438

**13e. Fax No.**  
202.758.3262

**13f. E-Mail Address**  
Frasergaby1@aol.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Gaby L. Fraser

**Signature**

**Title**  
Director, Labor Relations

**Date**  
April 9, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

05-RC-218355

Date Filed

04-13-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Mr. Bults, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
807 Seaboard Avenue, Chesapeake, VA 23324

3a. Employer Representative - Name and Title  
Jim Bults

3b. Address (If same as 2b - state same)  
2627 East 139th St., Burnham, IL 60633

3c. Tel. No.  
708-868-0059

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
waste handling

4b. Principal product or service  
waste handling

5a. City and State where unit is located:  
Chesapeake, VA

5b. Description of Unit Involved  
Included: All truck drivers and mechanics employed at the Employer's Chesapeake, Virginia facility

6a. No. of Employees in Unit:  
13

Excluded: all other employees, including office clerical, guards, and supervisors as defined by the Act

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) none and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
May 18, 2018

11c. Election Time(s):  
5:30 - 9:00 a.m.

11d. Election Location(s):  
employee break room

12a. Full Name of Petitioner (including local name and number)  
Teamsters local Union No. 822

12b. Address (street and number, city, state, and ZIP code)  
5718 Barte Street P.O. Box 12673 Norfolk, VA 23502-4502

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Brotherhood of Teamsters

12d. Tel No.  
757-461-7172

12e. Cell No.  
757-373-9495

12f. Fax No.  
757-459-2570

12g. E-Mail Address  
office@teamster822.hrcxmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Jonathan Axelrod, attorney

13b. Address (street and number, city, state, and ZIP code)  
1030 15th Street N.W. Suite 700 East, Washington, D.C. 20005

13c. Tel No.  
202-328-7222

13d. Cell No.  
202-365-1610

13e. Fax No.  
202-328-7030

13f. E-Mail Address  
jaxelrod@beinsaxelrod.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Jonathan Axelrod

Signature  
*Jonathan Axelrod*

Title  
attorney

Date  
April 11, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
5-RC-218678

Date Filed  
4/18/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> A hena Consulting, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 506 Main St Ste 215 MD Gaithersburg 20878-6571	
<b>3a. Employer Representative - Name and Title</b> Melissa Pappas		<b>3b. Address (If same as 2b - state same)</b> 506 Main St Ste 215 MD Gaithersburg 20878-6571	
<b>3c. Tel. No.</b> (301) 216-9654	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mpappas@athenajobs.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc )</b> Services		<b>4b. Principal product or service</b> Professional Staffing services	
		<b>5a. City and State where unit is located:</b> Gaithersburg, MD	

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 140
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> May 10, 2018	<b>11c. Election Time(s):</b> 9am-5pm	<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Mixed Manual/Mail
<b>12a. Full Name of Petitioner (including local name and number)</b> Raymun Lee Raymun Lee United Food and Commercial Workers Union Local 1994		<b>11d. Election Location(s):</b> 1301 Piccard Dr. Rockville, Md 20850 (conference room A first floor) and <b>12b. Address (street and number, city, state, and ZIP code)</b> 600 S Frederick Ave Ste 200 MD Gaithersburg 20877-1276

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food and Commercial Workers International Union, AFL-CIO, CLC

<b>12d. Tel No.</b> (301) 977-2447	<b>12e. Cell No.</b> (202) 207-5787	<b>12f. Fax No.</b> (301) 977-6752	<b>12g. E-Mail Address</b> rlee@mcgeo.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Carey R Butsavage Attorney Butsavage and Associates		<b>13b. Address (street and number, city, state, and ZIP code)</b> 1920 L St NW Ste 301 DC Washington 20036-5037	
<b>13c. Tel No.</b> (202) 861-9700	<b>13d. Cell No.</b> (301) 706-4535	<b>13e. Fax No.</b> (202) 861-9711	<b>13f. E-Mail Address</b> cbutsavage@butsavage.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Raymun Lee	<b>Signature</b> Raymun Lee	<b>Title</b> Associate Coordinator, Organizing	<b>Date</b> 04/18/2018 13:35:50
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included  
all full time, part time and temporary workers assigned to Montgomery County  
Government contract 10069520

Employees Excluded  
All supervisors defined in the Act.

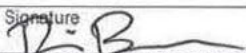
UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. <b>5-RC-218841</b>	Date Filed <b>4/20/18</b>
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**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Dedicated Logistics, Inc.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 9912B Governor Lane, Williamsport, MD 21795	
<b>3a. Employer Representative - Name and Title</b> Steven LaMey, Operations Manager		<b>3b. Address</b> (If same as 2b - state same) Same	
<b>3c. Tel. No.</b> 855-882-7100	<b>3d. Cell No.</b> 304-620-5318	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Stephenl@tlcompanies.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Distribution center and warehouse		<b>4b. Principal product or service</b> Transportation and distribution services	
		<b>5a. City and State where unit is located:</b> Williamsport, MD	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All switchers; drivers domiciled at the Williamsport facility; loaders; dockworkers; and warehouse employees. <b>Excluded:</b> All temporary employees, clerical employees, supervisors, and guards as defined in the National Labor Relations Act.			<b>6a. No. of Employees in Unit:</b> 110 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a.</b> Request for recognition as Bargaining Representative was made on (Date) <u>4/20/18</u> and Employer declined recognition on or about _____ (Date) (If no reply received, so state). <b>No reply received.</b> <input type="checkbox"/> <b>7b.</b> Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year)
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <u>No</u> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.</b> (If none, so state) None			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> May 23, 2018	<b>11c. Election Time(s):</b> 1:30am - 2:30am; 9:30am-10:30am, 6:30pm-11:30pm	<b>11d. Election Location(s):</b> Lunch room	
<b>12a. Full Name of Petitioner (including local name and number)</b> Teamsters Local Union 992		<b>12b. Address (street and number, city, state, and ZIP code)</b> 10312 Remington Drive, Hagerstown, MD 21740	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> International Brotherhood of Teamsters			
<b>12d. Tel No.</b> (301) 739-7550	<b>12e. Cell No.</b> (301) 491-7582	<b>12f. Fax No.</b> (301) 739-7436	<b>12g. E-Mail Address</b> tomkrause@myactv.net
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Tom Krause, Principal Officer/Secretary-Treasurer		<b>13b. Address (street and number, city, state, and ZIP code)</b> 10312 Remington Drive, Hagerstown, MD 21740	
<b>13c. Tel No.</b> (301) 739-7550	<b>13d. Cell No.</b> (301) 491-7582	<b>13e. Fax No.</b> (301) 739-7436	<b>13f. E-Mail Address</b> tomkrause@myactv.net
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Diana Bardes	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> 4/20/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. **5-RC-218987**

Date Filed **4/24/18**

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer** Providence Hospital

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1150 Varnum Street, N.E.  
DC Washington 20017-

**3a. Employer Representative - Name and Title**

Darcy Burthay

**3b. Address (If same as 2b - state same)**

1150 Varnum Street, N.E.  
DC Washington 20017-

**3c. Tel. No.**

(202) 854-7928

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

Darcy.Burthay@ascension.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Healthcare

**4b. Principal product or service**

Healthcare

**5a. City and State where unit is located:**

Washington, DC

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
200

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

**(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.**

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
5/16/2018

**11c. Election Time(s):**  
6:00 a.m. to 8:00 a.m., 2:00 p.m. to 4:00 p.m. and 6:

**11d. Election Location(s):**  
Conference Room

**12a. Full Name of Petitioner (including local name and number)**

Wanda Shelton-Martin  
Metro District 1199DC, National Union of Hospital and Health Care Employees, AFSCME, AFL-CIO

**12b. Address (street and number, city, state, and ZIP code)**  
8181 Professional Pl Ste 116  
MD Hyattsville 20785-2226

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

National Union of Hospital and Health Care Employees, American Federation of State, County and Municipal Employees, AFL-CIO

**12d. Tel. No.**

(301) 577-0800

**12e. Cell No.**

**12f. Fax No.**

(301) 577-0805

**12g. E-Mail Address**

wsheltonmartin@nuhnce.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Lance Geren Attorney  
O'Donoghue & O'Donoghue, LLP

**13b. Address (street and number, city, state, and ZIP code)**

325 Chestnut St Ste 515  
PA Philadelphia 19106-2605

**13c. Tel. No.**

(215) 629-4970

**13d. Cell No.**

(202) 805-6148

**13e. Fax No.**

(215) 629-4996

**13f. E-Mail Address**

lgeren@odonoghuelaw.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Lance Geren

**Signature**

Lance Geren

**Title**

Attorney

**Date**

04/24/2018 13:04:06

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-218987	Date Filed 4/24/18

#### Employees Included

All full-time and regular part-time non-professional employees (including but not limited to Assistant Multi-Skilled Technicians, Certified Nursing Assistants, Clerical Technicians, Critical Care Technicians, ECC Technicians, Echo Technicians, ER Technicians, Medical Assistants, Multi-Skilled Technicians, Operators, OR Technicians, Paramedic Technicians, Pharmacy Technicians, Physical Therapists, Physical Therapy Technicians, Radiographers, Radiology Technicians, Rehab Technicians, Respiratory Therapists, Transportation Technicians, Unit Secretaries, and X-Ray Technicians employed by the Employer at its 1150 Varum Street, N.E., Washington, D.C. facility.

#### Employees Excluded

All other employees, professional employees, office clericals, guards and supervisors within the meaning of the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-219472</b>	Date Filed <b>5/2/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

<b>1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE</b> - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.			
<b>2a. Name of Employer</b> Alutiq Pacific, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> ATF NATIONAL HEADQUARTERS 99 NEW YORK AVE, WASHINGTON DC.	
<b>3a. Employer Representative - Name and Title</b> David Hoover, HR Manager		<b>3b. Address (If same as 2b - state same)</b> 4114 Letgato Road Fairfax, VA 22033	
<b>3c. Tel. No.</b> 843-377-1772	<b>3d. Cell No.</b> 843-819-8260	<b>3e. Fax No.</b> 571-267-7904	<b>3f. E-Mail Address</b> DHOOVER@ALUTIIQ.COM
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SECURITY		<b>4b. Principal product or service</b>	
<b>4c. Description of Unit Involved</b> Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED OFFICERS PERFORMING GUARD DUTIES AT 99 NEW YORK AVE, WASHINGTON DC Excluded: ALL OFFICE PERSONAL LIEUTENANTS, CAPTAINS AND MANAGEMENT		<b>5a. City and State where unit is located:</b> WASHINGTON, DC	
<b>6a. No. of Employees in Unit:</b> 46		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Check One:</b> <input type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).</b>			
<input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> SPFPA LOCAL 461		<b>8b. Address</b> 25510 KELLY ROAD, ROSEVILLE, MI 48066	
<b>8c. Tel No.</b> 586-772-7250 X111	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 586-772-9644	<b>8f. E-Mail Address</b> ORGANIZE@SPFPA.ORG
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <b>NO</b> If so, approximately how many employees are participating? _____ (Name of labor organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 5/16/2018	<b>11c. Election Time(s):</b> MAIL	<b>11d. Election Location(s):</b> NLRB REGION 5	
<b>12a. Full Name of Petitioner (including local name and number)</b> GOVERNED UNITED SECURITY PROFESSIONALS		<b>12b. Address (street and number, city, state, and ZIP code)</b> 5602 BALTIMORE NATIONAL PIKE SUITE #607 BALT, MD 21228	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> GOVERNED UNITED SECURITY PROFESSIONALS			
<b>12d. Tel No.</b> 443-304-2018	<b>12e. Cell No.</b> 443-562-3230	<b>12f. Fax No.</b> 443-304-2855	<b>12g. E-Mail Address</b> K1EME@YAHOO.COM
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> KENT EMERY, PRESIDENT		<b>13b. Address (street and number, city, state, and ZIP code)</b> 5602 BALTIMORE NATIONAL PIKE SUITE #607 BALT, MD 21228	
<b>13c. Tel No.</b> 443-304-2018	<b>13d. Cell No.</b> 443-562-3230	<b>13e. Fax No.</b> 443-304-2855	<b>13f. E-Mail Address</b> K1EME@YAHOO.COM
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> KENT EMERY	<b>Signature</b> 	<b>Title</b> PRESIDENT	<b>Date</b> 5/2/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-219617

Date Filed

5/4/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Paragon Systems, Inc.		<b>2b. Address(es) of Establishment(s) Involved</b> (Street and number, city, State, ZIP code) 1050 First ST NE, Washington DC 20002	
<b>3a. Employer Representative - Name and Title</b> Laura M. Hagan Vice President/General Counsel		<b>3b. Address</b> (If same as 2b - state same) 13655 Dulles Technology Drive, Suite 100 Herndon, VA 20171	
<b>3c. Tel. No.</b> 703-263-7176	<b>3d. Cell No.</b> 865-266-0383	<b>3e. Fax No.</b> 703-579-1563	<b>3f. E-Mail Address</b> lhagan@parasys.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Guards and Patrol Services		<b>4b. Principal product or service</b> Guard	<b>5a. City and State where unit is located:</b> Washington DC

**5b. Description of Unit Involved**  
**Included:** All full time and regular part-time protective service officers and sergeants employed by the Employer at the Federal Election Commission currently located at 1050 First ST NE, Washington DC  
**Excluded:** none  
Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act

**6a. No. of Employees in Unit:**  
6

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on** (Date) 5/02/2018 **and Employer declined recognition on or about** \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). NONE		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) NONE

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> May 24, 2018	<b>11c. Election Time(s):</b> 7 a.m. - 9a.m. and 1 p.m. - 3 p.m.	<b>11d. Election Location(s):</b> 1050 First ST NE, Washington DC 20002
<b>12a. Full Name of Petitioner</b> (including local name and number) Union Rights for Security Officers		<b>12b. Address</b> (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	


**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Stanley Hutchins

<b>12d. Tel No.</b> 202-306-0060	<b>12e. Cell No.</b> 202-306-0060	<b>12f. Fax No.</b> 301-505-3646	<b>12g. E-Mail Address</b> stanhutch1228@yahoo.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Stanley Hutchins, Union President		<b>13b. Address</b> (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	
<b>13c. Tel No.</b> 202-306-0060	<b>13d. Cell No.</b> 202-306-0060	<b>13e. Fax No.</b> 301-505-3646	<b>13f. E-Mail Address</b> stanhutch1228@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Stanley Hutchins	<b>Signature</b> 	<b>Title</b> Union President	<b>Date</b> 5/02/2018 5/4/18 SEH
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
5-RC-220538

Date Filed  
5/18/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Whelan Security

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1699 S. Hanley Road, Suite 350  
MO St. Louis 63144-

**3a. Employer Representative - Name and Title**  
Danielle Brooks

**3b. Address (If same as 2b - state same)**  
1699 S. Hanley Road, Suite 350  
MO St. Louis 63144-

**3c. Tel. No.**  
(301) 459-2355

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
Dbrooks@whelansecurity.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Security Systems & Services

**4b. Principal product or service**  
security

**5a. City and State where unit is located:**  
Washington, DC

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**  
14

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Excluded:** See Attached Page 2 for additional details

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
June 6, 2018

**11c. Election Time(s):**  
5:45 am to 6:15 am & 1:45 pm to 2:15 pm

**11d. Election Location(s):**  
International Monetary Fund 700 19th St NW, Washington, DC 20431

**12a. Full Name of Petitioner (including local name and number)**  
Steve Maritas  
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA

**12b. Address (street and number, city, state, and ZIP code)**  
1155 F St NW Ste 1050  
DC Washington 20004-1329

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

**12d. Tel No.**  
(202) 595-3510

**12e. Cell No.**  
(516) 499-2681

**12f. Fax No.**  
(202) 595-3510

**12g. E-Mail Address**  
LEOSUDC@GMAIL.COM

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Steve Maritas

**Signature**  
Steve Maritas

**Title**  
Organizing Director

**Date**  
05/17/2018 16:20:53

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All regular full-time and regular part-time armed sergeants performing guard duties as defined in Section 9(b)(3) of the National Labor Relations Act, employed by the employer at the site described in paragraph 11d. of the petition.

**Employees Excluded**

All office clerical employees, professional employees, security officers and 2(11) supervisors as defined by the Act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

S-RC-220574

Date Filed

5/21/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Paragon Systems, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 1201 Maryland Ave SW, Washington DC 20024	
3a. Employer Representative - Name and Title Sylvia Martinez Director of Labor Relations		3b. Address (if same as 2b - state same) 13655 Dulles Technology Drive, Suite 100 Herndon, VA 20171	
3c. Tel. No. 57-321-0908	3d. Cell No. 202-515-1355	3e. Fax No. 703-880-7754	3f. E-Mail Address smartinez@parasys.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Guards and Patrol Services		4b. Principal product or service Guard	
4c. City and State where unit is located: Washington DC		5a. City and State where unit is located: Washington DC	
6a. Description of Unit Involved Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the Portals III currently located at 1201 Maryland Ave SW, Washington DC 20024 Excluded: Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act			6b. No. of Employees in Unit: 8 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 05/21/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). Gaby L. Fraser Director of Labor Relations NASPSO		8b. Address 840 First Street NE 3rd Floor, Washington DC 20002	
8c. Tel. No. 202-625-8306	8d. Cell No.	8e. Fax No. 202-758-3262	8f. E-Mail Address Frasergaby@aol.com
8g. Affiliation, if any		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) NONE

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.  
11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail  
11b. Election Date(s): JUNE 10, 2018  
11c. Election Time(s): 7 a.m. - 9 a.m. and 1 p.m. - 3 p.m.  
11d. Election Location(s): 1201 Maryland Ave SW, Washington DC 20024

12a. Full Name of Petitioner (including local name and number)  
Union Rights for Security Officers  
12b. Address (street and number, city, state, and ZIP code)  
5166 7th Street NE, Washington DC 20011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Stanley Hutchins

12d. Tel. No. 202-306-0060	12e. Cell No. 202-306-0060	12f. Fax No. 301-505-3646	12g. E-Mail Address stanhutch1228@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stanley Hutchins, Union President		13b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	
13c. Tel. No. 202-306-0060	13d. Cell No. 202-306-0060	13e. Fax No. 301-505-3646	13f. E-Mail Address stanhutch1228@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stanley Hutchins	Signature <i>Stanley Hutchins</i>	Title Union President	Date 05/21/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-220651</b>	Date Filed <b>5/22/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer	<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) (See attached for addresses)
--	--

<b>3a. Employer Representative - Name and Title</b> Shawn Tibbets, COO (VIT, LLC & VIT, Inc.); Roger Giesinger, Pres. (HRSA)	<b>3b. Address</b> (If same as 2b - state same) (See attached for addresses)
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<b>3c. Tel. No.</b> (757)683-8000 (Tibbets) (757) 628-2672 (Giesinger)	<b>3d. Cell No.</b> (757)567-5132 (Tibbets) (757)435-8126 (Giesinger)	<b>3e. Fax No.</b> (757)683-8500 (Tibbets) (757)622-2639 (Giesinger)	<b>3f. E-Mail Address</b> stibbets@vit.org roger@portofhamptonroads.com
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<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Terminal Operator	<b>4b. Principal product or service</b> Stevedoring Services	<b>5a. City and State where unit is located:</b> Norfolk, Newport News & Portsmouth, VA
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<b>5b. Description of Unit Involved</b> <b>Included:</b> All regular full-time and part-time crane technicians, crane mechanics, crane electronics technicians, light equipment mechanics and vehicle maintenance employees employed by the Employer at its NIT, PMT & NNMT facilities. <b>Excluded:</b> All other employees, guards and supervisors as defined in the Act.	<b>6a. No. of Employees in Unit:</b> 105 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
---	--

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on** (Date) N/A and Employer declined recognition on or about N/A (Date) (If no reply received, so state).

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). None	<b>8b. Address</b> N/A
--	---------------------------

<b>8c. Tel No.</b> N/A	<b>8d. Cell No.</b> N/A	<b>8e. Fax No.</b> N/A	<b>8f. E-Mail Address</b> N/A
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<b>8g. Affiliation, if any</b> N/A	<b>8h. Date of Recognition or Certification</b> N/A	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) N/A
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b> N/A	<b>10b. Address</b> N/A	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> As soon as possible.	<b>11c. Election Time(s):</b> 10:00 a.m. - 6:00 p.m.	<b>11d. Election Location(s):</b> NIT Terminal & PMT Terminals (2 locations)
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<b>12a. Full Name of Petitioner (including local name and number)</b> Local 970, ILA, AFL-CIO and Local 1248, ILA, AFL-CIO, jointly	<b>12b. Address (street and number, city, state, and ZIP code)</b> 3300 East Princess Anne Road, Norfolk, Virginia 23502
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Longshoremen's Association, AFL-CIO


<b>12d. Tel No.</b> (757)855-1402 (Local 970) (757)857-6727 (Local 1248)	<b>12e. Cell No.</b> N/A	<b>12f. Fax No.</b> (757)855-3301 (Local 970) (757)857-6547 (Local 1248)	<b>12g. E-Mail Address</b> jcoley@ILA970.org (Coley) rra621@cox.net (Rascoe)
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Brian Esders, Attorney	<b>13b. Address (street and number, city, state, and ZIP code)</b> 809 Gleneagles Court, STE 320, Baltimore, Maryland 21286
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<b>13c. Tel No.</b> (410)321-0990	<b>13d. Cell No.</b> (301)792-0955	<b>13e. Fax No.</b> (410)321-1419	<b>13f. E-Mail Address</b> besders@abato.com
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Brian Esders	<b>Signature</b> 	<b>Title</b> Attorney	<b>Date</b> May 22, 2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**DECLARATION OF PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

2018 MAY 25 PM 15:35

REGATIONS BOARD  
NATIONAL LABOR  
RELATIONS

**Attachment to RC Petition filed  
by Local 970, ILA, AFL-CIO & Local 1248, ILA, AFL-CIO jointly  
(VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer)**

- 2a. Virginia International Terminals, LLC (VIT, LLC), Virginia International Terminals, Inc. (VIT, Inc.) and the Hampton Roads Shipping Association (HRSA), as a single or joint employer
- 2b. VIT, LLC, 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510;  
VIT, Inc., 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; and  
HRSA – 236 East Plume Street, Norfolk, VA 23510

IN 100 457307

END 40153 11413:33

OFF 11412 30700  
11413/11414/11415  
11416

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-220963</b>	Date Filed <b>5/25/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Compass Group USA, DBA Restaurant Associates</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1818 H St NW, Washington DC 20006</b>	
3a. Employer Representative - Name and Title <b>Gary Wang</b>		3b. Address (If same as 2b - state same) <b>2400 Yorkmont Rd, Charlotte NC 28217</b>	
3c. Tel. No. <b>704-328-5684</b>	3d. Cell No. <b>704-328-5684</b>	3e. Fax No. <b>N/A</b>	3f. E-Mail Address <b>Gary.Wang@compass-usa.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Food and Beverage</b>		4b. Principal product or service <b>Cafeterias, Food &amp; Beverage, Catering</b>	
5a. City and State where unit is located: <b>Washington, DC</b>		5b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
5b. Description of Unit Involved <b>Included: See attached</b>  <b>Excluded: See attached</b>		6a. No. of Employees in Unit: <b>235</b>	

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) **5/25/18** and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>None</b>		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **N/A** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**None**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>Wednesday, June 20, 2018</b>	11c. Election Time(s): <b>5-11 AM; 2-6 PM</b>	11d. Election Location(s): <b>See attached</b>
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12a. Full Name of Petitioner (including local name and number) <b>Sarah Jacobson, UNITE HERE Local 23, AFL-CIO</b>	12b. Address (street and number, city, state, and ZIP code) <b>1775 K St NW #620, Washington DC 20006</b>
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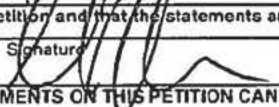
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**UNITE HERE, AFL-CIO**

12d. Tel No. <b>202-393-4373</b>	12e. Cell No. <b>202-679-2208</b>	12f. Fax No. <b>N/A</b>	12g. E-Mail Address <b>sjacobson@unitehere.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Brooks Bitterman - Researcher</b>		13b. Address (street and number, city, state, and ZIP code) <b>275 7th Ave 16th Flr, New York NY 10001</b>	
13c. Tel No. <b>646-423-5811</b>	13d. Cell No. <b>646-423-5811</b>	13e. Fax No. <b>N/A</b>	13f. E-Mail Address <b>bbitterman@unitehere.org</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Sarah Jacobson</b>	Signature 	Title <b>Staff Director</b>	Date <b>5/25/2018</b>
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## **Attachment to RC petition**

5b.

**Included:** All permanent full-time, part-time and on-call employees employed by the employer at its World Bank Group locations (Washington, DC) in its food and beverage operations.

**Excluded:** Managers, executive chefs, confidential and clerical employees, and supervisors as defined in the National Labor Relations Act.

11d.

**Election Locations:**

MC Building, 1809 G St NW: 5 AM – 11 AM; 2-5 PM

IFC Building, 2121 Pennsylvania Ave NW: 5 AM – 11 AM

C Building, 1225 Connecticut Ave NW: 5 AM – 8 AM

**Languages:**

English and Spanish

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-221369</b>	Date Filed <b>6/4/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>SECTEK</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>732 N. Capital St. NW Washington DC 20401</b>	
3a. Employer Representative - Name and Title <b>Dennis Roberts, Vice President</b>		3b. Address (If same as 2b - state same) <b>1930 Isaac Newton Square, West #100 Reston, VA 20190</b>	
3c. Tel. No. <b>703-943-6560</b>	3d. Cell No.	3e. Fax No. <b>703-834-0124</b>	3f. E-Mail Address
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>Security</b>		4b. Principal product or service <b>Security Service</b>	
		5a. City and State where unit is located: <b>Washington DC</b>	

5b. Description of Unit Involved <b>Included: See Attachment</b> <b>Excluded: See Attachment</b>		6a. No. of Employees in Unit: <b>8</b>
		6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <b>None Made</b> and Employer declined recognition on or about (Date) (If no reply received, so state).	
<input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.	

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).		8b. Address	
8c. Tel No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ If so, approximately how many employees are participating? ☐  
(Name of labor organization) ☐ has picketed the Employer since (Month, Day, Year) ☐

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11b. Election Date(s): <b>June 21, 2018</b>	11c. Election Time(s): <b>5:00 A.M. to 7:00 A.M. &amp; 1:00 P.M. to 3:00 P.M.</b>	11d. Election Location(s): <b>Employee Break Room</b>
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12a. Full Name of Petitioner (including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Rd. Roseville, MI 48066</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	
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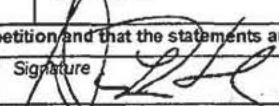
12d. Tel No. <b>586-772-7250</b>	12e. Cell No.	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@SPFPA.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
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13a. Name and Title <b>Gordon Gregory, General Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square Suite: 3727 Detroit, MI 48226</b>	
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13c. Tel No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>David Hickey</b>	Signature 	Title <b>International President</b>	Date <b>5/31/2018</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**6/13/2018 11:50B**

**5b. Description of Unit Involved:**

**Included:** ALL FULL-TIME AND PART TIME ARMED AND UNARMED OFFICERS KNOWN BY TITLE ONLY AS NONSTATUTORY LIEUTENANT(S) AND SUPERVISORS (PERFORMING GUARD DUTIES AS DEFINED IN SECECTION 9(B)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECTEK @ GOVERNMENT PRINTING OFFICE LOCATED AT 732 N. CAPITAL St. NW Washington, DC 20401.

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND STATUTORY SUPERVISORS AS DEFINED BY THE ACT.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
5-RC-221758

Date Filed  
6/11/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**  
Georgetown University

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
3700 O St NW, Washington, DC 20057

**3a. Employer Representative - Name and Title**  
Vicki Browne-Moore, University Director for HR Client Services

**3b. Address (If same as 2b - state same)**  
Same

**3c. Tel. No.**  
202-687-3399

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**  
vb5@georgetown.edu

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
School

**4b. Principal product or service**  
University

**5a. City and State where unit is located:**  
Washington, DC

**5b. Description of Unit Involved**

**Included:** All full-time & regular part-time security officers, special police officers I & II, master police officers, investigators & communication officers performing guard duties as defined in section 9(b)(3) of the National Labor Relations Act, employed by the employer @ its locations noted in 11d

**Excluded:** all confidential employees, office clerical employees, executive and managerial employees, non-guards, student access controllers, sergeants and supervisors as defined in the Act.

**6a. No. of Employees in Unit:**  
70

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**  
International Union, Security, Police & Fire Professionals of America SPFPA & its amalgamated 442

**8b. Address**  
25510 Kelly Road Roseville, MI 48066

**8c. Tel No.**  
800-228-7492

**8d. Cell No.**  
586-709-9563

**8e. Fax No.**  
(586) 772-9644

**8f. E-Mail Address**  
DLHICKEY01@AOL.COM

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**  
January 8, 2016

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**  
June 30, 2018

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
April 20, 2018

**11c. Election Time(s):**  
6:30 to 7:30 am & 2:30 to 3:30 PM

**11d. Election Location(s):**  
Main Campus & Law Center Locations - see Case 05-RC-149517

**12a. Full Name of Petitioner (including local name and number)**  
Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA

**12b. Address (street and number, city, state, and ZIP code)**  
1155 F Street NW #1050 Washington DC 20004

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

**12d. Tel No.**  
202-595-3510

**12e. Cell No.**  
202-486-8558

**12f. Fax No.**  
202-595-3510

**12g. E-Mail Address**  
LEOSUDC@GMAIL.COM

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Steve Maritas Organizing Director

**13b. Address (street and number, city, state, and ZIP code)**  
1155 F Street NW #1050 Washington DC 20004

**13c. Tel No.**  
202-595-3510

**13d. Cell No.**  
202-486-8558

**13e. Fax No.**  
202-595-3510

**13f. E-Mail Address**  
LEOSUDC@GMAIL.COM

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Steve Maritas

**Signature**

**Title**  
LEOSU-DC Organizing Director

**Date**  
April 1, 2018

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

National Democratic Institute, Case 05-RC-\_\_\_\_\_

Attachment to RC Petition:

Item 5b. Description of Unit Involved:

**Included:** Accountants, Senior Accountants, Administrators, Senior Administrators, Analysts, Assistants, Senior Assistants, Designers, Engineers, Leads, Managers, Senior Managers, Officers, Senior Officers, Specialists.

**Excluded:** Advisors, Senior Advisors, Chief Technology Officer, Chief Innovation Officer, Chief Financial Officer, Controller, Directors, Deputy Directors, Counsel, Grants Manager, International Accounting Manager, Senior Associate, Subgrants Manager, President, Vice-President, guards and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-221865Date Filed  
6/12/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Chase Brexton Health Care

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
see attached rider

**3a. Employer Representative - Name and Title:**  
Shanae Murray VP of HR

**3b. Address (if same as 2b - state same):**  
1111 N. Charles St. Baltimore, MD 21201

**3c. Tel. No.**  
4108372050 ext1044

**3d. Cell No.**

**3e. Fax No.**  
4435735001

**3f. E-Mail Address**  
shmurray@chasebrexton.org

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
health center/clinics

**4b. Principal Product or Service**  
health care

**5a. City and State where unit is located:**  
Maryland

**5b. Description of Unit Involved:**  
**Included:**  
See Attached Rider

**6a. Number of Employees in Unit:**  
75

**Excluded:**  
All other employees, guards, and supervisors as defined in the Act.

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 6/5/18 **and Employer declined recognition**  
on or about (Date) 6/11/18 (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)**  
None

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
July 6, 2018

**11c. Election Time(s):**  
see attached rider

**11d. Election Location(s):**  
see attached rider

**12a. Full Name of Petitioner (including local name and number):**  
1199SEIU United Healthcare Workers East

**12b. Address (street and number, city, State and ZIP code):**  
611 N. Eutaw St. Baltimore, MD 21201

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Service Employees International Union

**12d. Tel. No.**  
3036699147

**12e. Cell No.**  
3036699147

**12f. Fax No.**  
4103321291

**12g. E-Mail Address**  
brian.owens@1199.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

**13b. Address (street and number, city, State and ZIP code):**

**13c. Tel. No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Brian Owens

**Signature**



**Title**  
Organizing Director

**Date**  
6/12/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**Rider**

**2b. Addresses of the Establishments Involved:**

Baltimore Center  
1111 N. Charles St.  
Baltimore, MD 21201

MICA Student Wellness Center  
1201 W. Mt. Royal Ave. 2<sup>nd</sup> Fl.  
Baltimore, MD 21217

Columbia Center  
5500 Knoll North Dr. Stes 370 & 400  
Columbia, MD 21045

Randallstown Center  
3510 Brenbrook Dr.  
Randallstown, MD 21133

Glen Burnie Center  
200 Hospital Dr. Ste. 300  
Glen Burnie, MD 21061

Easton Center  
8221 Teal Dr. Ste 202  
Easton, MD 21601

**5b. Description of the Unit Involved:**

Included: All fulltime, regular part-time, and per diem\* Medical Assistants, Dental Assistants, Pharmacy Techs, and Peer Advocates employed by the Employer at its Maryland health centers.

\*Eligible employees include all Employees who worked an average of at least 4 hours per week for the 13 preceding the eligibility date.

**11c. & 11d. Proposed Election Time and Locations**

Baltimore Center\*: 7:30am – 9am; 11:45am – 1:15pm; 4:30pm – 6pm, in the 6<sup>th</sup> fl. Staff lounge

Columbia Center: 11:30am – 1:30pm, in the 3<sup>rd</sup> fl. Employee lounge

Randallstown Center: 11:45am – 1:15pm, in the conference room

Glen Burnie Center: 11:45am – 1:15pm, in the employee lounge/kitchen

Easton Center: 12:00pm – 1pm, in the conference room

\*Employees will vote at the center where they work, except employees who work at the MICA Student Wellness Center will vote at the Baltimore Center.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No  
**5-RC-222523**

Date Filed **6/21/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION-RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
**ZENETEX**

2b. Address(es) of Establishment(s) involved (street and number, city, state, zip code)  
**VFC-12 NAS OCEANA, 766 B AVENUE, HANGER 200A VIRGINIA BEACH, VA 23460**

3a. Employer Representative - Name and Title  
**LYDIA CORUM - DIRECTOR OF HUMAN RESOURCES**

3b. Address (If same as 2b - state same)  
**13800 COPPERMINE ROAD, SUITE 307, HERNDON, VA 20171**

3c. Tel. No.  
**619-607-3011**

3d. Cell No.

3e. Fax No.  
**703-935-8360**

3f. E-Mail Address  
**LYDIA.CORUM@ZENETEX.COM**

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
**NAVAL AIR STATION**

4b. Principal product or service  
**AIRCRAFT SUPPORT SERVICES**

5a. City and State where unit is located:  
**NAS OCEANA  
VIRGINIA BEACH, VA**

5b. Description of Unit Involved  
Included:  
**ALL FULL AND REGULAR PART TIME HOURLY EMPLOYEES TO INCLUDE ALL AIRCRAFT MECHANICS MECH 1, MECH II AND MECH III'S WORKING AT NAS OCEANA IN VIRGINIA BEACH, VA.**

6a. No. of Employees in Unit:  
**13**

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Excluded:  
**OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES, MANAGERIAL EMPLOYEES, GUARDS, AND SUPERVISORS, AS DEFINED IN THE ACT.**

Check One:

- ☐ 7a. Request for recognition as Bargaining Representative was made on Petition will serve as request for recognition and Employer declined recognition on or about \_\_\_\_\_ (date) (if no reply received, so state).
- ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
**NONE**

8b. Address  
**N/A**

8c. Tel. No.  
**N/A**

8d. Cell No.  
**N/A**

8e. Fax No.  
**N/A**

8f. E-Mail Address  
**N/A**

8g. Affiliation, if any  
**N/A**

8h. Date of Recognition or Certification  
**N/A**

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)  
**N/A**

9. Is there now a strike or picketing at the Employer's establishment(s) involved? N/A If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) **NONE**

10a. Name  
**N/A**

10b. Address  
**N/A**

10c. Tel. No.  
**N/A**

10d. Cell No.  
**N/A**

10e. Fax No.  
**N/A**

10f. E-Mail Address  
**N/A**

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type:  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
**07/11/2018**

11c. Election Time(s):  
**12:00 PM - 1:00 PM**

11d. Election Location(s):  
**LUNCH ROOM - 766 B AVENUE HANGER 200A  
VIRGINIA BEACH, VA 23460**

12a. Full Name of Petitioner (including local name and number)  
**IAMAW, AFL-CIO**

12b. Address (street and number, city, state, and ZIP code)  
**690 E. LAMAR BLVD., SUITE 580, ARLINGTON, TX 76011**

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state)  
**INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS, AFL-CIO**

12d. Tel. No.  
**817-505-0100**

12e. Cell No.

12f. Fax No.  
**817-459-0107**

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
**JAMES R. LITTLE - GRAND LODGE SPECIAL REPRESENTATIVE**

13b. Address (street and number, city, state, and ZIP code)  
**690 E. LAMAR BLVD, SUITE 580, ARLINGTON, TX 76011**

13c. Tel. No.  
**817-505-0100**

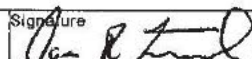
13d. Cell No.  
**682-401-7835**

13e. Fax No.  
**817-459-0107**

13f. E-Mail Address  
**JLITTLE@IAMAW.ORG**

I declare that I have read the above Petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
**JAMES R. LITTLE**

Signature  


Title  
**GRAND LODGE REPRESENTATIVE**

DATE  
**06/21/2018**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-222567Date Filed  
6/22/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nrlrb.gov/](http://www.nrlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:  
Veritiv Operating Company

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
221 S. 10th Street Suite B Lemoyne, PA 17043

3a. Employer Representative - Name and Title:  
Greg Garno - General Manager

3b. Address (if same as 2b - state same):  
same

3c. Tel. No.  
717-610-9145

3d. Cell No.

3e. Fax No.

3f. E-Mail Address  
gregory.garno@veritivcorp.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Distribution warehouse

4b. Principal Product or Service  
Institutional Supplies

5a. City and State where unit is located:  
Lemoyne, PA

5b. Description of Unit Involved:  
Included:  
All inventory control coordinators

6a. Number of Employees in Unit  
3

Excluded:  
all management employees, clerical staff, service technicians and guards as defined in the Act

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 6/22/2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
None for petitioned unit

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
7/23/2018

11c. Election Time(s):  
11:30 am - 12:00 pm

11d. Election Location(s):  
Training Room

12a. Full Name of Petitioner (including local name and number):  
Teamsters Local Union No. 776

12b. Address (street and number, city, State and ZIP code):  
2552 Jefferson Street Harrisburg, PA 17110

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Brotherhood of Teamsters

12d. Tel. No.  
717-233-8766

12e. Cell No.

12f. Fax No.  
717-233-6023

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:  
Mark Cicak, Organizer

13b. Address (street and number, city, State and ZIP code):  
2552 Jefferson Street Harrisburg, PA 17110

13c. Tel. No.  
717-233-8766

13d. Cell No.  
717-645-2674

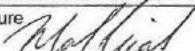
13e. Fax No.  
717-233-6023

13f. E-Mail Address  
markcicak@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Mark Cicak

Signature



Title  
Organizer

Date  
6/22/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-222767** Date Filed **6/25/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Paragon Systems, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b>	
<b>3a. Employer Representative - Name and Title</b> Sylvia Martinez Director of Labor Relations		<b>3b. Address (if same as 2b - state same)</b> 13655 Dulles Technology Drive, Suite 100 Herndon, VA 20171	
<b>3c. Tel. No.</b> 571-321-0908	<b>3d. Cell No.</b> 202-515-1355	<b>3e. Fax No.</b> 703-880-7754	<b>3f. E-Mail Address</b> smartinez@parasys.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Guards and Patrol Services		<b>4b. Principal product or service</b> Guard	
<b>5b. Description of Unit Involved</b> <b>Included:</b> All full time and regular part-time protective service officers and sergeants employed by the Employer at the United States Department of Agriculture (Waterfront) currently located at 800 9th ST <b>Excluded:</b> SW Washington DC 20004 Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act		<b>5a. City and State where unit is located:</b> Washington DC <b>6a. No. of Employees in Unit:</b> 10 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) 06/26/2018 and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Security Police and Fire Professionals of America (SPFPA)		<b>8b. Address</b> 25510 Kelly Road, Roseville, MI 48066	
<b>8c. Tel. No.</b> 586-772-7250	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 586-772-9644	<b>8f. E-Mail Address</b> UNKNOWN
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b> UNKNOWN	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> UNKNOWN

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election. **11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> July 17, 2018	<b>11c. Election Time(s):</b> 7 a.m. - 9a.m. and 1 p.m. - 3 p.m.	<b>11d. Election Location(s):</b> 800 9th ST SW 20024
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<b>12a. Full Name of Petitioner (Including local name and number)</b> Union Rights for Security Officers	<b>12b. Address (street and number, city, state, and ZIP code)</b> 5166 7th Street NE, Washington DC 20011
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<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Carlette Collier
--

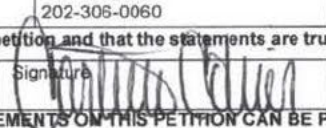
<b>12d. Tel. No.</b> 202-306-0060	<b>12e. Cell No.</b> 202-306-0060	<b>12f. Fax No.</b> 301-505-3646	<b>12g. E-Mail Address</b> carlettecollier.urso@gmail.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Carlette Collier, Union Repres	<b>13b. Address (street and number, city, state, and ZIP code)</b> 5166 7th Street NE, Washington DC 20011
--	---

<b>13c. Tel. No.</b> 202-306-0060	<b>13d. Cell No.</b> 202-306-0060	<b>13e. Fax No.</b> 301-505-3646	<b>13f. E-Mail Address</b> carlettecollier.urso@gmail
--------------------------------------	--------------------------------------	-------------------------------------	--

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Carlette Collier	<b>Signature</b> 	<b>Title</b> Union Representative	<b>Date</b> 06/26/2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-222879

06-28-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
URS Federal Services Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
105 B Ave., Solomons, MD 20688

3a. Employer Representative - Name and Title

Charles Moran Site Supervisor Marketta Little, Manager

3b. Address (if same as 2b - state same)

SAME

marketta.little@aeecom.com

3c. Tel. No.

410-326-7510

3d. Cell No.

3e. Fax No.

410-326-6988-410-326-280

3f. E-Mail Address

charles.moran@aeecom.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Aviation Support Maintenance /Overhaul

4b. Principal product or service

Service and Repair

5a. City and State where unit is located:

Solomons MD

5b. Description of Unit Involved

Included: All regular full time and part time Aircraft Mechanics, Auto Mechanics, Librarians, Painters, Supply Techs, Quality Assurance and Production Control

Excluded: Office Clerical, professional, managerial, crew leads, guards, and supervisors as defined in the act.

6a. No. of Employees in Unit

100

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One:

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. **Petition serves as demand**

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

July 20, 2018

11c. Election Time(s):

9:00 a.m. to 12:00 p.m.

11d. Election Location(s):

Facility Conference room

12a. Full Name of Petitioner (including local name and number)

International Association of Machinists and Aerospace Workers; AFL-CIO District Lodge 4 Local Lodge 4

12b. Address (street and number, city, state, and ZIP code)

2600 Cabover Drive, Suite N Hanover M.D. 20639

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)

International Association of Machinists and Aerospace Workers, AFL-CIO

12d. Tel No.

646-926-2910

12e. Cell No.

513-768-2313

12f. Fax No.

646-902-5720

12g. E-Mail Address

ekuss@iamaw.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title **Edward J. Kuss**

13b. Address (street and number, city, state, and ZIP code)

26 Court Street, Suite 1710 Brooklyn, NY 11242

13c. Tel No.

646-926-2910

13d. Cell No.

513-768-2313

13e. Fax No.

646-902-5720

13f. E-Mail Address

ekuss@iamaw.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Edward J. Kuss

Signature

Edward J. Kuss

Title

IAAW Grand Lodge Representative

Date

June 28, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-222959

Date Filed

6/29/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
First Coast Security

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
1 Independent Drive, Jacksonville FL 32202

3a. Employer Representative - Name and Title  
Ms. Amy Skyles

3b. Address (if same as 2b - state same)  
SAME

3c. Tel. No.  
703-592-6106

3d. Cell No.  
703-282-8443

3e. Fax No.  
301-562-9202

3f. E-Mail Address  
askyles@fcssl.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Security Contractor

4b. Principal product or service  
Security Services

5a. City and State where unit is located:  
Washington, DC

5b. Description of Unit Involved

Included: All full time and regular part time security officers employed by the Employer and assigned to the Social Security Administration facility located at 1300 D Street, SW 20224

Excluded: All clerical employees, professional employees, managerial employees and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
2

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☒ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
7/19/2018

11c. Election Time(s):  
Any

11d. Election Location(s):  
N/A

12a. Full Name of Petitioner (including local name and number)  
United Security & Police Officers of America

12b. Address (street and number, city, state, and ZIP code)  
5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
None

12d. Tel No.  
301-377-9860

12e. Cell No.  
301-377-9860

12f. Fax No.

12g. E-Mail Address  
ishun.richards.uspoa@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Ishun Richards, National Vice President

13b. Address (street and number, city, state, and ZIP code)  
5620 St. Barnabas Rd. Suite 314, Oxon Hill, MD 20745

13c. Tel No.  
301-377-9860

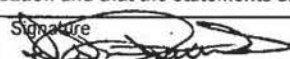
13d. Cell No.  
301-377-9860

13e. Fax No.

13f. E-Mail Address  
ishun.richards.uspoa@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Ishun J. Richards

Signature  


Title:  
USPOA National Vice President

Date  
06/28/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

05-RC-223023

Date Filed

06/29/2018

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer</b> Arnold Packaging		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3101 Washington Blvd MD Baltimore 21230-1016	
<b>3a. Employer Representative - Name and Title</b> John Raymond Calvert		<b>3b. Address (If same as 2b - state same)</b> 3101 Washington Blvd MD Baltimore 21230-1016	
<b>3c. Tel. No.</b> (855) 276-6537	<b>3d. Cell No.</b> (443) 829-5497	<b>3e. Fax No.</b> (855) 646-0905	<b>3f. E-Mail Address</b> jcalvert@arnoldpackaging.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Trucking		<b>4b. Principal product or service</b> Deliver packaging supplies	<b>5a. City and State where unit is located:</b> Baltimore, MD

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 6
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? No** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 7/13/18 or earliest date available	<b>11c. Election Time(s):</b> 7 a.m.- 8 a.m.	<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11d. Election Location(s):</b> shipping office		<b>12b. Address (street and number, city, state, and ZIP code)</b> 1030 S Dukeland St MD Baltimore 21222-3122

**12a. Full Name of Petitioner (including local name and number)**  
Edwin Allen Mulford III  
Truck Drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union 355

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood Of Teamsters

<b>12d. Tel No.</b> (410) 566-5700	<b>12e. Cell No.</b> (443) 889-4631	<b>12f. Fax No.</b> (410) 566-1845	<b>12g. E-Mail Address</b> emulford@teamsters355.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Edwin Allen Mulford III	<b>Signature</b> Edwin A. Mulford III	<b>Title</b> Organizer	<b>Date</b> 06/29/2018 16:17:32
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
05-RC-223023	06/29/2018

Employees Included  
Truck Drivers

Employees Excluded  
warehouse,clerical, supervisors and managers as described by the act

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-223563

Date Filed

7/5/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Applied Integrated Technologies, Inc.		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) 5107 Leesburg Pike, Falls Church, VA 22041	
3a. Employer Representative - Name and Title Vicki Redman HR Specialist		3b. Address (if same as 2b - state same) 7120 Samuel Morse Drive, Columbia, MD 21046 Suite 150	
3c. Tel. No. 410-872-0022	3d. Cell No.	3e. Fax No. 410-872-0044	3f. E-Mail Address vicki.redman@Ait-i.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) Guards and Patrol Services		4b. Principal product or service Guard	
5a. City and State where unit is located: Falls Church, VA			

**6b. Description of Unit Involved**  
Included: All full time and regular part-time protective service officers and sergeants employed by the Employer at the One Skyline Tower currently located at 5107 Leesburg Pike, Falls Church, VA 22041  
Excluded: Lieutenants, Captains, Project Managers, and Supervisors as defined in the Act

6a. No. of Employees in Unit:  
30  
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 07/05/2018 and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Security Police and Fire Professionals of America (SPFPA)		8b. Address 25510 Kelly Road, Roseville, MI 48066	
8c. Tel No. 586-772-7250	8d. Cell No. UNKNOWN	8e. Fax No. 586-772-9644	8f. E-Mail Address UNKNOWN
8g. Affiliation, if any		8h. Date of Recognition or Certification October 31, 2015	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) OCTOBER 1, 2018	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
NONE

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail  
11b. Election Date(s): JULY 24, 2018  
11c. Election Time(s): 7 a.m. - 9a.m. and 1 p.m. - 3 p.m.  
11d. Election Location(s): 5107 Leesburg Pike, Falls Church, VA 22041

12a. Full Name of Petitioner (including local name and number)  
Union Rights for Security Officers  
12b. Address (street and number, city, state, and ZIP code)  
5166 7th Street NE, Washington DC 20011

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
Stanley Hutchins

12d. Tel No. 202-306-0060	12e. Cell No. 202-306-0060	12f. Fax No. 301-505-3646	12g. E-Mail Address stanhutch1228@yahoo.com
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Stanley Hutchins, Union President		13b. Address (street and number, city, state, and ZIP code) 5166 7th Street NE, Washington DC 20011	
13c. Tel No. 202-306-0060	13d. Cell No. 202-306-0060	13e. Fax No. 301-505-3646	13f. E-Mail Address stanhutch1228@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Stanley Hutchins	Signature 	Title Union President	Date 07/05/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 5-AC-223611	Date Filed 7/13/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer Constellis		2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1201 Constitution Ave NW, Washington, DC 20004/1301 Constitution Ave NW, Washington, DC 20004/1200 Pennsylvania Ave NW, Washington, DC 20004	
3a. Employer Representative - Name and Title Michael Goodwin, Labor Relations		3b. Address (if same as 2b - state same) 12018 Sunrise Valley Dr. Ste 140, Reston, VA 20191	
3c. Tel. No. 561-406-7971	3d. Cell No.	3e. Fax No.	3f. E-Mail Address mike.goodwin@constellis.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) SECURITY		4b. Principal product or service SECURITY	
		5a. City and State where unit is located: Washington, DC	

**5b. Description of Unit Involved**  
**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY CONSTELLIS @ 1201 CONSTITUTION AVE NW, 1301 CONSTITUTION AVE NW, 1200 PENNSYLVANIA AVE IN WASHINGTON, DC 20004  
**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

6a. No. of Employees in Unit: 39
6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NONE**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). uspsca		8b. Address 5620 St. Barnabas Rd. STE 314, Oxon Hill, MD 20745	
8c. Tel. No. 202-277-0926	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9/30/2018	

9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**NONE**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): July 31, 2018	11c. Election Time(s): Mail	11d. Election Location(s): Mail
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12a. Full Name of Petitioner (Including local name and number)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

12b. Address (street and number, city, state, and ZIP code)  
25510 Kelly Road, Roseville, MI 48066

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
International Union, Security, Police and Fire Professionals of America (SPFPA)

12d. Tel. No. 586-772-7250	12e. Cell No.	12f. Fax No. 586-772-9644	12g. E-Mail Address organize@spfpa.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title Gordon Gregory, General Counsel		13b. Address (street and number, city, state, and ZIP code) 65 Cadillac Square, Suite 3727, Detroit, MI 48226	
13c. Tel. No. 313-964-5600	13d. Cell No.	13e. Fax No. 313-964-2125	13f. E-Mail Address Gordon@UnionLaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) David L. Hickey	Signature 	Title International President	Date 7/11/18
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-224096</b>	Date Filed <b>7/20/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>CSI CORP DC</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>5404 Rue Saint Lo Dr, Reisterstown, MD 21136</b>
--	--

3a. Employer Representative - Name and Title <b>Johnetta Holland - President</b>	3b. Address (If same as 2b - state same) <b>633 Pennsylvania Ave, NW 3rd Floor, Washington, DC 20004</b>
---	---

3c. Tel. No. <b>202-393-1100</b>	3d. Cell No.	3e. Fax No. <b>202-393-1103</b>	3f. E-Mail Address
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SECURITY AGENCY</b>	4b. Principal product or service <b>SECURITY</b>	5a. City and State where unit is located: <b>Reisterstown, MD</b>
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5b. Description of Unit Involved <b>Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS, INCLUDING CORPORALS, PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY CSI CORP DC @ 5404 RUE SAINT LO DR., REISTERSTOWN, MD 21136</b> <b>Excluded: ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.</b>	6a. No. of Employees in Unit: <b>17</b> 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
--	--

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state). **NONE**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state). <b>NONE</b>	8b. Address
--	-------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>8/9/18</b>	11c. Election Time(s): <b>5-7 AM &amp; 1-3 PM</b>	11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
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11d. Election Location(s): <b>Armory Building</b>	12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Road, Roseville, MI 48066</b>
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12a. Full Name of Petitioner (Including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (If none, so state) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>
--	---

12d. Tel. No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Gordon Gregory, General Counsel</b>	13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>
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13c. Tel. No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>David L. Hickey</b>	Signature 	Title <b>International President</b>	Date <b>7/19/18</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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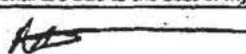
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-224691Date Filed  
8/1/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, ☐ submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> PEACHTREE HEALTH GROUP, LLC. dba Peach Tree Acres		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 26900 Lewes Georgetown Hwy, Harbeson, Delaware 19951	
<b>3a. Employer Representative - Name and Title:</b> Tina Foskey, Administrator		<b>3b. Address (if same as 2b - state same):</b> Same	
<b>3c. Tel. No.</b> (302) 684-4002	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 302-684-1094	<b>3f. E-Mail Address</b> tfoskey@peachtreehg.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Assisted Living Nursing Facility		<b>4b. Principal Product or Service</b> Provide healthcare services.	<b>5a. City and State where unit is located:</b> Harbeson, Delaware
<b>6a. Description of Unit Involved:</b> Included: All regularly scheduled hourly paid full-time & part-time employees of the employer including Certified Nursing Assistants, Dietary employees, Dayhab /Activity employees, Transport Aides, Housekeeping employees and Maintenance Assistants. Excluded: Excluding all Registered Nurses, Licensed Practical Nurses, all Office Clerical employees, Managerial employees, Professional employees, Guards and Supervisors as defined by the Act.			<b>6a. Number of Employees in Unit</b> 16
<b>Check One:</b> <input checked="" type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date)</b> 8-1-2018 <b>and Employer declined recognition</b> on or about (Date) no reply (If no reply received, so state). <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b> n/a	
<b>8c. Tel. No.</b> n/a	<b>8d. Cell No.</b> n/a	<b>8e. Fax No.</b> n/a	<b>8f. E-Mail Address</b> n/a
<b>8g. Affiliation, if any:</b> n/a		<b>8h. Date of Recognition or Certification</b> n/a	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> n/a
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? 0 (Name of Labor Organization) n/a, has picketed the Employer since (Month, Day, Year) n/a			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b> n/a	<b>10b. Address</b> n/a	<b>10c. Tel. No.</b> n/a	<b>10d. Cell No.</b> n/a
		<b>10e. Fax No.</b> n/a	<b>10f. E-Mail Address</b> n/a
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> 8/30/2018	<b>11c. Election Time(s):</b> 6:00am to 8:00am	<b>11d. Election Location(s):</b> Conference Room next to supply room.	
<b>12a. Full Name of Petitioner (Including local name and number):</b> United Food & Commercial Workers Union, Local 27		<b>12b. Address (street and number, city, State and ZIP code):</b> 21 West Rd, Suite 200, Baltimore, MD 21204	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Food & Commercial Workers International Union			
<b>12d. Tel. No.</b> n/a	<b>12e. Cell No.</b> n/a	<b>12f. Fax No.</b> n/a	<b>12g. E-Mail Address</b> ufcw.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Nelson L. Hill, Assistant to the President		<b>13b. Address (street and number, city, State and ZIP code):</b> 21 West Rd, Suite 200, Baltimore, MD 21204	
<b>13c. Tel. No.</b> 410-337-2700	<b>13d. Cell No.</b> 302-632-4530	<b>13e. Fax No.</b> 410-307-1789	<b>13f. E-Mail Address</b> n.hill@ufcw27.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Nelson L. Hill	<b>Signature</b> 	<b>Title</b> Assistant to the President	<b>Date</b> 8/1/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

5-RC-224908

Date Filed

8/3/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Primoris services corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

9121 Euclid Ave  
VA Manassas 20110-

**3a. Employer Representative - Name and Title**

Patrick Doss

**3b. Address (If same as 2b - state same)**

9121 Euclid Ave  
VA Manassas 20110-

**3c. Tel. No.**

(703) 335-1191

**3d. Cell No.**

(703) 898-9692

**3e. Fax No.**

(703) 335-9776

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Utilities

**4b. Principal product or service**

Underground Utilities

**5a. City and State where unit is located:**

Manassas, VA

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

58

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
8/10/2018

**11c. Election Time(s):**  
6:00 am

**11d. Election Location(s):**  
9121 Euclid Ave. Manassas VA, 20110

**12a. Full Name of Petitioner (including local name and number)**

Jose A Ventura  
International Union of Operating Engineer's Local 77

**12b. Address (street and number, city, state, and ZIP code)**

4546 Britannia Way  
MD Suitland 20746-4274

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Union of Operating Engineer's

**12d. Tel No.**

(301) 899-6900

**12e. Cell No.**

(571) 309-3124

**12f. Fax No.**

(240) 719-2543

**12g. E-Mail Address**

Jventura@local77.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Jose A Ventura Organizer  
International Union Of Operating Engineers Local 77

**13b. Address (street and number, city, state, and ZIP code)**

4546 Britannia Way  
MD Suitland 20746-4274

**13c. Tel No.**

(301) 899-6900

**13d. Cell No.**

(571) 309-3124

**13e. Fax No.**

(240) 719-2543

**13f. E-Mail Address**

Jventura@local77.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Jose A Ventura

**Signature**

Jose A. Ventura

**Title**

Organizer

**Date**

08/1/2018 17:25:13

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

Employees Included  
58

Employees Excluded  
management

DO NOT WRITE IN THIS SPACE	
Case 5-RC-224908	Date Filed 8/3/18

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. 05-RC-224919 Date Filed 08-03-2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Packaging Corporation of America		2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 435 Gitts Run Road, Hanover, PA, 17331	
3a. Employer Representative - Name and Title: David Jones, Plant Manager		3b. Address (if same as 2b - state same): same	
3c. Tel. No. 717-637-3758	3d. Cell No. 501	3e. Fax No.	3f. E-Mail Address djones@packagingcorp.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.): Factory		4b. Principal Product or Service: boxes	
5a. City and State where unit is located: Hanover, PA		5b. Number of Employees in Unit: 47	
5c. Description of unit involved: Included: all full-time and regular part-time production and maintenance Excluded: all office, clerical, supervisors and guards as defined by the Act		5d. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Check One: <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) <u>petition serves</u> and Employer declined recognition on or about (Date) (If no reply received, so state). <u>has demand</u> <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
8a. Name of Recognized or Certified Bargaining Agent (if none, so state): NONE		8b. Address: N/A	
8c. Tel. No. N/A	8d. Cell No. N/A	8e. Fax No. N/A	8f. E-Mail Address N/A
8g. Affiliation, if any: N/A		8h. Date of Recognition or Certification N/A	
8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A		8j. Is there now a strike or picketing at the Employer's establishment(s) involved? <u>N/A</u> If so, approximately how many employees are participating? <u>N/A</u> (Name of Labor Organization) <u>N/A</u> has picketed the Employer since (Month, Day, Year)	
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)			
10a. Name NONE		10b. Address N/A	
10c. Tel. No. N/A		10d. Cell No. N/A	
10e. Fax No. N/A		10f. E-Mail Address N/A	
11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:			
11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
11b. Election Date(s): August 17, 2018		11c. Election Time(s): 6:00 AM - 8:00 AM and 2:00 PM - 4:00 PM	
11d. Election Location(s): Breakroom		12a. Full Name of Petitioner (including local name and number): United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers	
12b. Address (street and number, city, State and ZIP code): 1445 Lincoln Highway, North Versailles, PA 15137		12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industrial and Service Workers International Union	
12d. Tel. No. 412-824-8140	12e. Cell No. 724-263-1029	12f. Fax No. 412-829-2861	12g. E-Mail Address kweaver@usw.org
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.			
13a. Name and Title: KELLY WEAVER, Staff Representative		13b. Address (street and number, city, State and ZIP code): 1445 Lincoln Highway, North Versailles, PA 15137	
13c. Tel. No. 412-824-8140	13d. Cell No. 724-263-1029	13e. Fax No. 412-829-2861	13f. E-Mail Address kweaver@usw.org
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
Name (Print) KELLY WEAVER		Signature Kelly Weaver	
Title Staff Representative		Date 8-3-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-225000

08-03-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Challenger Transportation, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 8210 Beechcraft Ave MD Gaithersburg 20879-1587	
<b>3a. Employer Representative - Name and Title</b> David Mohebbi		<b>3b. Address (If same as 2b - state same)</b> 8210 Beechcraft Ave MD Gaithersburg 20879-1587	
<b>3c. Tel. No.</b> (301) 990-6000	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> dmohebbi@regencytaxi.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Paratransit Service	<b>5a. City and State where unit is located:</b> Gaithersburg, MD

<b>5b. Description of Unit Involved</b>		<b>6a. No. of Employees in Unit:</b> 120
<b>Included:</b> See Attached Page 2 for additional details		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>
<b>Excluded:</b> See Attached Page 2 for additional details		

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
 (Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> August 22, 2018	<b>11c. Election Time(s):</b> 5:00-8:00 am, 1:00-3:00 pm, 5:00-9:00 pm	<b>11d. Election Location(s):</b> Training Room

<b>12a. Full Name of Petitioner (including local name and number)</b> Daniel B. Smith Amalgamated Transit Union		<b>12b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Amalgamated Transit Union		

<b>12d. Tel No.</b> (301) 431-7100	<b>12e. Cell No.</b> (202) 714-4219	<b>12f. Fax No.</b> (301) 431-7116	<b>12g. E-Mail Address</b> dsmith@atu.org
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<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave DC Silver Spring 20903-1790	
<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b> (301) 431-7116	<b>13f. E-Mail Address</b> dsmith@atu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b> Assistant General Counsel	<b>Date</b> 08/3/2018 14:04:17
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
05-RC-225000	08-03-2018

**Employees Included**

All full time and regular part time operators, trainers, mechanics, utility workers, lot attendants and dispatchers employed by the Employer at its Gaithersburg facility.

**Employees Excluded**

All other employees, office clerical employees, guards, managers, and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

<b>DO NOT WRITE IN THIS SPACE</b>	
Case No. <b>5-AC-225113</b>	Date Filed <b>8/6/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Diversified Protection Corp & Cogar Group, Ltd	<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 8901 Wisconsin Ave., Bethesda, MD 20889/4301 Jones Bridge Rd., Bethesda, MD 20814
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<b>3a. Employer Representative - Name and Title</b> Nathaniel White - President	<b>3b. Address (If same as 2b - state same)</b> 2121 Eisenhower Ave., Suite 500 Alexandria, VA 22314
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<b>3c. Tel. No.</b> 702-591-2225	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> nathaniel.white@dpcsecurity.com
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> SECURITY AGENCY	<b>4b. Principal product or service</b> SECURITY	<b>5a. City and State where unit is located:</b> Bethesda, MD
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<b>5b. Description of Unit Involved</b> <b>Included:</b> ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY Diversified Protection Corp. & Cogar Group, Ltd @ 8901 Wisconsin Ave, Bethesda, MD 20889 / 4301 Jones Bridge Rd, Bethesda, MD 20814 <b>Excluded:</b> ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.	<b>6a. No. of Employees in Unit:</b> 32 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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**Check One:** ☐ **7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state).** none  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> Federation Of Police and Security- Sandra King	<b>8b. Address</b> 12 Woodstream Ct. Unit 2, Owings Mills, MD 21117
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<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b> October, 31, 2018
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
none

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	<b>11b. Election Date(s):</b> August 20, 2018	<b>11c. Election Time(s):</b> Mail	<b>11d. Election Location(s):</b> Mail
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<b>12a. Full Name of Petitioner (Including local name and number)</b> International Union, Security, Police and Fire Professionals of America (SPFPA)	<b>12b. Address (street and number, city, state, and ZIP code)</b> 25510 Kelly Road, Roseville, MI 48066
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

<b>12d. Tel No.</b> 586-772-7250 X111	<b>12e. Cell No.</b> 586-872-5634	<b>12f. Fax No.</b> 586-772-9644	<b>12g. E-Mail Address</b> organize@spfpa.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Gordon Gregory, General Counsel	<b>13b. Address (street and number, city, state, and ZIP code)</b> 65 Cadillac Square, Suite 3727, Detroit, MI 48226
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<b>13c. Tel No.</b> 313-964-5600	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 313-964-2125	<b>13f. E-Mail Address</b> Gordon@UnionLaw.net
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> David L. Hickey	<b>Signature</b> 	<b>Title</b> International President	<b>Date</b> 8/3/18
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
**5-RC-225120**

Date Filed  
**8/7/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Vantage Foods PA LP		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 2700 Yetter Court, Camp Hill, PA 17011	
<b>3a. Employer Representative - Name and Title</b> Jon Tucker, Service Center Manager		<b>3b. Address (If same as 2b - state same)</b> same	
<b>3c. Tel. No.</b> 717-317-5857	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 717-317-5862	<b>3f. E-Mail Address</b> Jon.tucker@vantagefoods.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Case ready meat processing and packing facility		<b>4b. Principal product or service</b> meat processing and packing	
<b>5b. Description of Unit Involved</b> Included: (see attached)  Excluded: (see attached)		<b>5a. City and State where unit is located:</b> Camp Hill, PA	
		<b>6a. No. of Employees in Unit:</b> approx. 450	
		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 7/31/18 **and Employer declined recognition on or about** No reply **(Date) (If no reply received, so state).**  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b> None		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	
		<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No **If so, approximately how many employees are participating?** \_\_\_\_\_  
**(Name of labor organization)** \_\_\_\_\_ **has picketed the Employer since (Month, Day, Year)** \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> Thursday, August 30, 2018	<b>11c. Election Time(s):</b> 6am-8am; 11am-1:30 pm; 5pm-7:30 pm	<b>11d. Election Location(s):</b> Brine Make-Up Room
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<b>12a. Full Name of Petitioner (including local name and number)</b> United Food and Commercial Workers Local 1776 Keystone State	<b>12b. Address (street and number, city, state, and ZIP code)</b> 3031A Walton Road, Plymouth Meeting, PA 19462
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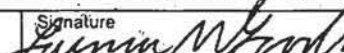
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
United Food and Commercial Workers International Union

<b>12d. Tel No.</b> (610) 940-1822	<b>12e. Cell No.</b> 610-513-9949	<b>12f. Fax No.</b> 610-941-9525	<b>12g. E-Mail Address</b> lpurnell@ufcw1776.org
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Laurence M. Goodman, Esq., Legal Counsel		<b>13b. Address (street and number, city, state, and ZIP code)</b> Willig, Williams & Davidson, 1845 Walnut Street, 24th Floor, Philadelphia, PA 19103	
<b>13c. Tel No.</b> 215-656-3608	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 215-561-5135	<b>13f. E-Mail Address</b> lgoodman@wwdlaw.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Laurence M. Goodman	<b>Signature</b> 	<b>Title</b> Legal Counsel	<b>Date</b> August 7, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

**Included:** All full-time and regular part-time production and maintenance employees, including shipping employees, receiving employees, packaging employees, product auditors, line leads and plant clericals employed by the Employer at its 2700 Yetter Court, Camp Hill, PA facility.

**Excluded:** All other employees, including finish product auditors, QA techs, lab techs, QA leads, office clerical employees, confidential employees, managers, security guards, and supervisors as defined in the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-225265</b>	Date Filed <b>8/8/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> <b>John F. Kennedy Ctr. for the Performing Arts</b>	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> <b>2700 F. Street, NW, Washington, D.C. 20566</b>
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<b>3a. Employer Representative - Name and Title:</b> <b>Deborah F. Rutter, President</b>	<b>3b. Address (if same as 2b - state same):</b> <b>Same as above.</b>
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<b>3c. Tel. No.</b> <b>(202) 416-8000</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b>
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<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> <b>Performance Venue</b>	<b>4b. Principal Product or Service</b> <b>Performance Venue</b>	<b>5a. City and State where unit is located:</b> <b>Washington, D.C.</b>
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<b>5b. Description of Unit Involved:</b> <b>Included:</b> <b>See attached</b> <b>Excluded:</b> <b>See attached</b>	<b>6a. Number of Employees in Unit:</b> <b>16</b>	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) N/A and Employer declined recognition on or about (Date) N/A (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> <b>None</b>	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
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<b>8g. Affiliation, if any:</b>	<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
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**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
**None.**

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> <b>August 21, 2018</b>	<b>11c. Election Time(s):</b> <b>11:00 a.m. to 3:00 p.m.</b>	<b>11d. Election Location(s):</b> <b>Conference Room at Kennedy Center</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> <b>International Alliance of Theatrical and Stage Employees, Local 22</b>	<b>12b. Address (street and number, city, State and ZIP code):</b> <b>1810 Hamlin Street, NE Washington, D.C. 20018</b>
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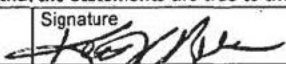
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
**International Alliance of Theatrical and Stage Employees, AFL-CIO**

<b>12d. Tel. No.</b> <b>202-269-0212</b>	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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<b>13a. Name and Title:</b> <b>Keith R. Bolek and Jennifer Simon, Attorneys for IATSE Local 22</b>	<b>13b. Address (street and number, city, State and ZIP code):</b> <b>O'Donoghue &amp; O'Donoghue LLP 5301 Wisconsin Ave., NW, Suite 800, Washington, D.C. 20015</b>
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<b>13c. Tel. No.</b> <b>202-362-0041</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> <b>202-2640</b>	<b>13f. E-Mail Address</b> <b>kbolek@odonoghuelaw.com,</b>
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> <b>Keith R. Bolek</b>	<b>Signature</b> 	<b>Title</b> <b>Attorney for Local 22</b>	<b>Date</b> <b>8-7-18</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**ATTACHMENT**

5b. Description of Unit Involved:

Included:

All full-time, regular part-time and casual camera operators, switchers, editors and digital content creators employed in the electronic media division of the Employer at its Washington, D.C. facility.

Excluded:

All managers, office clerical employees, professional employees, guards and supervisors as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-AC-225781

Date Filed

8/16/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Diversified Protection Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
1401 S. Clark St./1901 S. Bell St./2100 Crystal Dr./2200 Crystal Dr./2451 Crystal Dr. -Arlington, VA 22202

**3a. Employer Representative - Name and Title**  
Nathaniel White

**3b. Address (If same as 2b - state same)**  
2121 Eisenhower Ave. Suite 500 Alexandria, VA 22314

**3c. Tel. No.**  
702-591-2225

**3d. Cell No.**  
301-710-0670

**3e. Fax No.**

**3f. E-Mail Address**  
nathaniel.white@dpcsecurity.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
SECURITY AGENCY

**4b. Principal product or service**  
SECURITY

**5a. City and State where unit is located:**  
Arlington, VA

**5b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS AND PROTECTIVE SECURITY OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY DIVERSIFIED PROTECTION CORPORATION LOCATED IN ARLINGTON, VA

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**  
50

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**

☐ ☐

**7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state):** NONE

**7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state):**  
UGSOA

**8b. Address**  
2879 Cranberry Highway, East Wareham, MA 02538

**8c. Tel No.**  
774-678-0936

**8d. Cell No.**

**8e. Fax No.**  
774-678-4658

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
9/5/18

**11c. Election Time(s):**  
MAIL

**11d. Election Location(s):**  
MAIL

**12a. Full Name of Petitioner (including local name and number)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**  
25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**  
586-772-7250 X111

**12e. Cell No.**  
586-872-5634

**12f. Fax No.**  
586-772-9644

**12g. E-Mail Address**  
organize@spfpa.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**  
65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**  
313-964-5600

**13d. Cell No.**

**13e. Fax No.**  
313-964-2125

**13f. E-Mail Address**  
Gordon@UnionLaw.net

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
David L. Hickey

**Signature**

**Title**  
International President

**Date**  
8/15/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

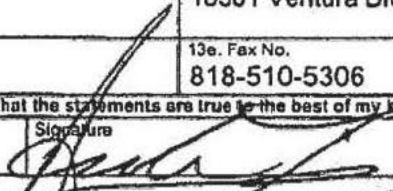
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-225884Date Filed  
8/20/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov], submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Paragon Systems Incorporated		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 135655 Dulles Technology Dr., Suite 100, Herndon, VA 20171	
<b>3a. Employer Representative - Name and Title:</b> Tony Davis		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b>	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 703-263-9527	<b>3f. E-Mail Address</b> tdavis@parasys.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Staffing provider		<b>4b. Principal Product or Service</b> Security services	<b>5a. City and State where unit is located:</b> Washington, D.C.
<b>5b. Description of Unit Involved:</b> Included: See attachment Excluded:		<b>6a. Number of Employees in Unit:</b> 160 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) NA and Employer declined recognition on or about (Date) NA (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state):</b> See attachment		<b>8b. Address:</b> See attachment	
<b>8c. Tel. No.</b> 586-772-7250	<b>8d. Cell No.</b>	<b>8e. Fax No.</b> 586-772-9644	<b>8f. E-Mail Address</b> don@spfa.org
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization) _____			
<b>10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in Item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:		<b>11a. Election Type</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> September 4, 2018	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>	
<b>12a. Full Name of Petitioner (including local name and number):</b> International Guards Union of America (IGUA)		<b>12b. Address (street and number, city, State and ZIP code):</b> P.O. Box 6633 Oak Ridge, TN 37831	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Guards Union of America (IGUA)			
<b>12d. Tel. No.</b> 505-470-5487	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Amanda Lively, Attorney		<b>13b. Address (street and number, city, State and ZIP code):</b> 16501 Ventura Blvd., Suite 304	
<b>13c. Tel. No.</b> 818-501-8030 x326	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 818-510-5306	<b>13f. E-Mail Address</b> alively@wkcllegal.com
I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.			
<b>Name (Print)</b> Amanda Lively	<b>Signature</b> 	<b>Title</b> Attorney at Law	<b>Date</b> 8/20/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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5b.

**Included:**

All full-time and regular part-time armed and unarmed Protective Security Officers employed by Paragon Systems assigned to Federal facilities at the St. Elizabeth's Complex in Washington, D.C.

**Excluded:**

All office clerical employees, managerial employees, and supervisors as defined by the National Labor Relations Act.

8a.

International Union, Security, Police, and Fire Professionals of America

8b.

25510 Kelly Road

Roseville, MI 48066

5-RC-225884

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-225958

Date Filed

8/20/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Al Jazeera International, Inc (USA) (Al Jazeera English)	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1200 New Hampshire Avenue, 2nd Floor, Northwest, Washington DC, 20036
<b>3a. Employer Representative - Name and Title:</b> Beatrice Nyamekye, Senior Human Resources Officer, Al Jazeera English	<b>3b. Address (if same as 2b - state same):</b> Same

<b>3c. Tel. No.</b> 202-496-4500	<b>3d. Cell No.</b> 202-446-7671	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> beatrice.nyamekye@aljazeera.net
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> News Network		<b>4b. Principal Product or Service</b> Television News	<b>5a. City and State where unit is located:</b> Nationwide
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See Attached <b>Excluded:</b> See Attached			<b>6a. Number of Employees in Unit:</b> 65 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
None

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: ☐ Manual ☐ Mail ☒ Mixed Manual/Mail

<b>11b. Election Date(s):</b> As Soon as Practicable	<b>11c. Election Time(s):</b>	<b>11d. Election Location(s):</b>
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<b>12a. Full Name of Petitioner (including local name and number):</b> Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA)	<b>12b. Address (street and number, city, State and ZIP code):</b> 1900 Broadway, 5th Floor, New York, NY 10023
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**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

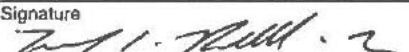
AFL-CIO

<b>12d. Tel. No.</b> 212-863-4206	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title:</b> See Attachment B	<b>13b. Address (street and number, city, State and ZIP code):</b>		
<b>13c. Tel. No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Maggie Russell-Brown	<b>Signature</b> 	<b>Title</b> Organizing Director	<b>Date</b> 8/20/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A (5b):

5.B. Included: All full time and regular part time U.S. based employees of Al Jazeera English who create content for news, programming, and the investigative unit including Correspondents, Senior Correspondents, Video Journalists, Creative Producers, Hosts, Senior Hosts, Presenters, Reporters, Senior Reporters, Associate Producers, Assistant Producers, Producers, Interview Producers, Senior Interview Producers, Senior Producers, Planning Producers, Field Producers, Senior Planning Producers, Senior Planning Editors, Senior Commissioning Producers, Deputy News Editors, News Editors, Diplomatic Editors, Editors, Planning Editors, Camerapersons and Senior Camerapersons.

Excluded: All other employees, freelancers, contributors, contractors, interns, fellows, guards and supervisors as defined under the Act, as amended.

Attachment B 13(a-f):

Joshua Mendelsohn, Senior Labor Counsel, SAG-AFTRA

1900 Broadway, 5<sup>th</sup> Floor, New York, NY 10023

Phone: 212-863-4292

Fax: (212) 532-2625

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-226622

Date Filed

8/31/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:

SDAC

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):

910 Landline Road | Selma, AL 36701

3a. Employer Representative - Name and Title:

Keith Laird

3b. Address (if same as 2b - state same):

same

3c. Tel. No.

334-407-9741

3d. Cell No.

same

3e. Fax No.

none

3f. E-Mail Address

klaird@sdac8a.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)

Army Base

4b. Principal Product or Service

Facilities Maintenance

5a. City and State where unit is located:

Washington, DC

5b. Description of Unit Involved:

Included: All full-time and regular part-time employees employed by the employer and engaged in facilities maintenance at Fort McNair Army Base in Washington, D.C.

6a. Number of Employees in Unit:

4

Excluded:

All clerical employees, all managerial employees, all professional employees, all guards and supervisors are defined by the Act.

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 08-31-2018 and Employer declined recognition on or about (Date) no reply (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state)

none

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating?

(Name of Labor Organization)

, has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

none

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:

mail ballot due to high security of work location

11a. Election Type:

☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

9-24-2018

11c. Election Time(s):

US Mail

11d. Election Location(s):

US Mail

12a. Full Name of Petitioner (including local name and number):

International Union of Operating Engineers, Local 99

12b. Address (street and number, city, State and ZIP code):

2461 Wisconsin ave. NW, Washington, DC 20007

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Union of Operating Engineers.

12d. Tel. No.

202-337-0099

12e. Cell No.

202-253-5440

12f. Fax No.

202-625-7982

12g. E-Mail Address

eamonclifford@hotmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Eamon Clifford

13b. Address (street and number, city, State and ZIP code):

2461 Wisconsin Ave. NW, Washington, DC 20007

13c. Tel. No.

202-337-0099

13d. Cell No.

202-253-5440

13e. Fax No.

202-625-7982

13f. E-Mail Address

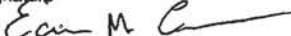
eamonclifford@hotmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Eamon Clifford

Signature



Title

Lead Organizer

Date

8-31-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. 05-RC-226812	Date Filed 9-5-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. **PURPOSE OF THIS PETITION:** RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer  
Watkins Security Agency, Inc.

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)  
2235 Shannon Pl SE, Washington, DC 20020

3a. Employer Representative - Name and Title

3b. Address (If same as 2b - state same)  
3939 Benning Rd., NE, Washington DC 20019

Richard Hamilton, President and CEO

3c. Tel. No.  
202-581-2871

3d. Cell No.

3e. Fax No.  
202-581-2875

3f. E-Mail Address  
rhamilton@thewatkinsgroup.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Security Contractor

4b. Principal product or service  
Security services

5a. City and State where unit is located:  
Washington, DC

5b. Description of Unit Involved

Included: All full-time and regular part-time armed and unarmed protective security officers employed by the Employer at the DC Lottery facility currently located at 2235 Shannon Place, SE, Washington, DC.

Excluded: office clerical employees, professional employees, managerial employees and supervisors as defined in the Act.

6a. No. of Employees in Unit:  
7

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [X] No [ ]

Check One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state).  
None

8b. Address

8c. Tel No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? ☐ No ☐ If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):  
9/11/18

11c. Election Time(s):  
N/A

11d. Election Location(s):  
N/A

12a. Full Name of Petitioner (Including local name and number)  
Union Rights for Security Officers

12b. Address (street and number, city, state, and ZIP code)  
9332 Annapolis Rd., Ste. 101, Lanham, MD 20706

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
None

12d. Tel No.  
202-320-6898

12e. Cell No.  
202-320-6898

12f. Fax No.  
301-505-3646

12g. E-Mail Address  
sepherasprattley.urso@gmail.com

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title  
Sephria Sprattley, URSO Business Representative

13b. Address (street and number, city, state, and ZIP code)  
329 Meadow Way, Landover, MD 20785

13c. Tel No.  
202-320-6898

13d. Cell No.  
202-320-6898

13e. Fax No.  
301-505-3646

13f. E-Mail Address  
sepherasprattley.urso@gmail.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Sephria Sprattley

Signature

[Signature]

Title

Business Rep

Date

8-27-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

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1-2326976437

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

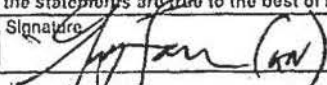
05-RC-226878

Date Filed

09-06-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Golden Services, LLC.		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 72 Mitchell Rd, Oak Ridge, TN 37830	
<b>3a. Employer Representative - Name and Title:</b> Michelle Kyker, VP of Business Operation		<b>3b. Address (if same as 2b - state same):</b> 72 Mitchell Rd, Oak Ridge, TN 37830	
<b>3c. Tel. No.</b> 865-804-1618	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mkyker@goldsvcs.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Security Systems & Services		<b>4b. Principal Product or Service</b> Security Protection	
<b>5a. City and State where unit is located:</b> Manassas, VA and Fairfax, VA		<b>5b. Description of Unit Involved:</b> Included: See attached page 2 for additional details Excluded: See attached page 2 for additional details	
<b>6a. Number of Employees in Unit:</b> 10		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election:</b>			
<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> To be determined		<b>11c. Election Time(s):</b> To be determined	
<b>11d. Election Location(s):</b> To be determined			
<b>12a. Full Name of Petitioner (including local name and number):</b> Federal Contract Guards of America		<b>12b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Federal Contract Guards of America			
<b>12d. Tel. No.</b> 212-541-3753	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 917-322-2105	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Guy James		<b>13b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022	
<b>13c. Tel. No.</b> 212-541-3753	<b>13d. Cell No.</b> 631-983-7972	<b>13e. Fax No.</b> 917-322-2105	<b>13f. E-Mail Address</b> gjjames@fcgoa.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Guy James		<b>Signature</b> 	<b>Title</b> President
		<b>Date</b> 9/6/2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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**Golden Services, LLC. – RC Petition – Supplemental Page Two**

5b.

Included:

All full-time and regular part-time protective security officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, employed by the Employer and assigned to Federal office sites in Manassas, VA and Fairfax, VA, under the Employer's contract with the Federal Government.

Excluded:

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No. **5-RC-227255** Date Filed **9/13/18**

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Maryland American Water Co.		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 1004 Baltimore Pike, Bel Air, MD 21014	
<b>3a. Employer Representative - Name and Title</b> Barry Suits, President		<b>3b. Address</b> (If same as 2b - state same) 260 Gateway Drive, Bel Air, MD 21014	
<b>3c. Tel. No.</b> 410-838-8404	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> Barry.Suits@amwater.com
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Public Utility		<b>4b. Principal product or service</b> Water	<b>5a. City and State where unit is located:</b> Bel Air, MD
<b>5b. Description of Unit Involved</b> <b>Included:</b> All production and maintenance employees at the location in Item 2-b <b>Excluded:</b> all confidential secretaries, supervisors, guards and executives			<b>6a. No. of Employees in Unit:</b> 6 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☒ **7a.** Request for recognition as Bargaining Representative was made on (Date) **03-19-2018** and Employer declined recognition on or about **03-22-18** (Date) (If no reply received, so state).  
☐ **7b.** Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). Utility Workers Union of America, System Local 537		<b>8b. Address</b> 1300 L St. NW, Suite 1200 Washington DC 20005	
<b>8c. Tel. No.</b> 201-446-5085	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b> john.duffy@uwua.net
<b>8g. Affiliation, if any</b> Utility Workers Union of America, AFL-CIO		<b>8h. Date of Recognition or Certification</b> Over 40 years ago	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 10-31-2019-5 year contract

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** no If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above.** (If none, so state)

<b>10a. Name</b> Utility Workers United Association, Local 537	<b>10b. Address</b> 535 Smithfield St, Suite 300, PghPA 15222	<b>10c. Tel. No.</b> 412-355-0200	<b>10d. Cell No.</b> 412-606-2041
		<b>10e. Fax No.</b> 412-261-6221	<b>10f. E-Mail Address</b> sjp@sgkpc.com
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.		<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	
<b>11b. Election Date(s):</b> Oct. 25, 2018	<b>11c. Election Time(s):</b> 6:00-8:30 AM and 2:30-5:00 PM	<b>11d. Election Location(s):</b> work location at Item 2-b above	
<b>12a. Full Name of Petitioner (including local name and number)</b> Utility Workers United Association, Local 537		<b>12b. Address (street and number, city, state, and ZIP code)</b> 535 Smithfield Street, Suite 300, Pittsburgh, PA 15222	

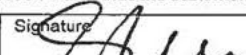
**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
None

<b>12d. Tel No</b> 412-355-0200	<b>12e. Cell No.</b> 412-606-2041	<b>12f. Fax No.</b> 412-261-6221	<b>12g. E-Mail Address</b> sjp@sgkpc.com
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b> Samuel J. Pasquarelli, Attorney		<b>13b. Address (street and number, city, state, and ZIP code)</b> 535 Smithfield Street, Suite 300, Pittsburgh, PA 15222	
<b>13c. Tel No</b> 412-355-0200	<b>13d. Cell No.</b> 412-606-2041	<b>13e. Fax No.</b> 412-261-6221	<b>13f. E-Mail Address</b> sjp@sgkpc.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Samuel J. Pasquarelli	<b>Signature</b> 	<b>Title</b> Attorney, Utility Workers United Association, Local 537	<b>Date</b> Sept. 12, 2018
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-227362

Date Filed

9/14/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Wyndham Resorts Hotel National Harbor

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
250 Mariner Passage, Oxon Hill, Maryland 20745

**3a. Employer Representative - Name and Title:**  
Brennan Handfield- General Manager

**3b. Address (if same as 2b - state same):**  
Same

**3c. Tel. No.**  
301-265-4200

**3d. Cell No.**

**3e. Fax No.**  
301-265-4205

**3f. E-Mail Address**  
brennan.handfield@wyn.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.):**  
Hotel

**4b. Principal Product or Service**  
Hospitality

**5a. City and State where unit is located:**  
Oxon Hill, Maryland

**5b. Description of Unit Involved:**

**Included:** All full-time and regular part-time employees employed by the employer and engaged in engineering, maintenance and grounds at Wyndham Resorts National Harbor at Wyndham Resorts National Harbor.

**Excluded:** All clerical employees, all managerial employees, all professional employees, all guards and supervisors defined by the Act.

**6a. Number of Employees in Unit:**  
12

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date)** 09/14/18 **and Employer declined recognition on or about (Date)** No Reply (If no reply received, so state).  
☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? (Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details: if the NLRB conducts and election in this matter, state your position with respect to any such election:**  
NLRB Election on Hotel Site

**11a. Election Type:**  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
10/11/18

**11c. Election Time(s):**  
2pm-5pm

**11d. Election Location(s):**  
Third Floor Engineering/ Maintenance Shop

**12a. Full Name of Petitioner (including local name and number):**  
International Union of Operating Engineers, Local 99

**12b. Address (street and number, city, State and ZIP code):**  
9315 Largo Dr. West. Upper Marlboro, Maryland 20774

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
International Union of Operating Engineers

**12d. Tel. No.**  
202 337 0099

**12e. Cell No.**  
202 744 9519

**12f. Fax No.**  
202 625 7982

**12g. E-Mail Address**  
kgraham83@hotmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Keith J. Graham

**13b. Address (street and number, city, State and ZIP code):**  
9315 Largo Dr. West. Upper Marlboro, Maryland 20774

**13c. Tel. No.**  
202 337 0099

**13d. Cell No.**  
202 744 9519

**13e. Fax No.**  
202 625 7982

**13f. E-Mail Address**  
kgraham83@hotmail.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Keith J. Graham

**Signature**

**Title**  
Organizer

**Date**  
09/14/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE	
Case No. <b>5-RC-227481</b>	Date Filed <b>9/17/18</b>

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>SecTek, Inc.</b>	2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) <b>1700 G. St. NW., Washington, DC 20552</b>
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3a. Employer Representative - Name and Title <b>Wilfred Blood - CEO</b>	3b. Address (If same as 2b - state same) <b>1930 Isaac Newton Square Suite 100, Reston, VA 20190</b>
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3c. Tel. No. <b>703-435-0970</b>	3d. Cell No.	3e. Fax No. <b>703-834-0124</b>	3f. E-Mail Address <b>wdblood@sectek.com</b>
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4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SECURITY AGENCY</b>	4b. Principal product or service <b>SECURITY</b>	5a. City and State where unit is located: <b>Washington, DC</b>
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5b. Description of Unit Involved <b>Included: ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY SECTEK, INC @ 1700 G. ST. NW., WASHINGTON, DC 20552</b>	6a. No. of Employees in Unit: <b>14</b>
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**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) (If no reply received, so state). **NONE**  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state). <b>LEOSU</b>	8b. Address <b>220 Old Country Road #2, Mineola, NY 11501</b>
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8c. Tel. No. <b>212-457-1010</b>	8d. Cell No.	8e. Fax No.	8f. E-Mail Address <b>leosunions@gmail.com</b>
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8g. Affiliation, if any	8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)
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9. Is there now a strike or picketing at the Employer's establishment(s) involved? **NO** If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
**NONE**

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election.

11b. Election Date(s): <b>10/1/2018</b>	11c. Election Time(s): <b>6-8:00 AM &amp; 2-4:00 PM</b>	11d. Election Location(s): <b>Breakroom</b>
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12a. Full Name of Petitioner (including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>	12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Road, Roseville, MI 48066</b>
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12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)  
**International Union, Security, Police and Fire Professionals of America (SPFPA)**

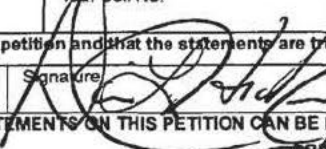
12d. Tel. No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title <b>Gordon Gregory, General Counsel</b>	13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>
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13c. Tel. No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>David L. Hickey</b>	Signature 	Title <b>International President</b>	Date <b>9/14/18</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.  
5-RC-227685

Date Filed  
9/17/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Catholic University of America		<b>2b. Address(es) of Establishment(s) involved</b> (Street and number, city, State, ZIP code) 620 Michigan Ave NE DC Washington 20064-0001	
<b>3a. Employer Representative - Name and Title</b> Yvonne Evans		<b>3b. Address</b> (If same as 2b - state same) 620 Michigan Ave NE DC Washington 20064-0001	
<b>3c. Tel. No.</b> (202) 319-6594	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> evansy@cua.edu
<b>4a. Type of Establishment</b> (Factory, mine, wholesaler, etc.) Schools		<b>4b. Principal product or service</b> University	
<b>5a. City and State where unit is located:</b> Washington, DC			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 30
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent</b> (If none, so state). International Union, Security Police & Fire Professionals of America SPFPA and its Local		<b>8b. Address</b> 25510 Kelly Rd ML Roseville 48066-4994	
<b>8c. Tel No.</b> (800) 228-7492	<b>8d. Cell No.</b> (916) 501-3174	<b>8e. Fax No.</b> (586) 772-9644	<b>8f. E-Mail Address</b> jmcrcay@spfpa.org
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any</b> (Month, Day, Year) 05/31/2018

9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

<b>11b. Election Date(s):</b> 10/1/18	<b>11c. Election Time(s):</b> 6:00 AM TO 7:30 AM & 2:00 PM TO 3:30 PM	<b>11d. Election Location(s):</b> At the Employers Facility 620 Michigan Ave NE, Washington, DC 20064
<b>12a. Full Name of Petitioner (including local name and number)</b> Steve Maritas Law Enforcement Officers Security Unions LEOSU-DC, LEOS-PBA		<b>12b. Address (street and number, city, state, and ZIP code)</b> (202) 595-3510 DC Washington DC 20004-

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent** (if none, so state)  
Law Enforcement Officers Security & Police Benevolent Association LEOS-PBA

<b>12d. Tel No.</b> (202) 595-3510	<b>12e. Cell No.</b> (202) 486-8558	<b>12f. Fax No.</b> (202) 595-3510	<b>12g. E-Mail Address</b> LEOSUDC@GMAIL.COM
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

<b>13a. Name and Title</b>		<b>13b. Address (street and number, city, state, and ZIP code)</b>	
<b>13c. Tel No.</b>	<b>13d. Cell No.</b>	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Steve Maritas	<b>Signature</b> Steve Maritas	<b>Title</b> Organizing Director	<b>Date</b> 09/15/2018 16:19:02
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-227685	Date Filed 9/17/18

**Employees Included**

All full-time and regular part-time Special Police Officers SPO's performing guard duties as defined in Section 9(b)(3) of the Act employed by the Employer.

**Employees Excluded**

All other employees, office clerical employees, professional employees and supervisors as defined by the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-227744

Date Filed

9/20/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**  
Carroll Home Services

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**  
2700 Loch Raven Road, Suite 200, Baltimore, MD 21218

**3a. Employer Representative - Name and Title**  
Eric Schmider/General Manager

**3b. Address (if same as 2b - state same)**  
2700 Loch Raven Road, Suite 200, Baltimore, MD 21218

**3c. Tel. No.**  
410-235-1066

**3d. Cell No.**

**3e. Fax No.**  
410-387-7151

**3f. E-Mail Address**  
eschmide@carrollhomeservices.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Home and Oil Delivery Services

**4b. Principal product or service**  
HVAC Home Service/Oil Delivery

**5a. City and State where unit is located:**  
Baltimore, MD

**5b. Description of Unit Involved**  
Included: All full-time/part-time Service and Installation Techs

**6a. No. of Employees in Unit:**  
37

Excluded: All other classifications, clerical, management, temporary employees and professional employees as defined by the act.

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No. If so, approximately how many employees are participating? \_\_\_\_\_ (Name of labor organization) \_\_\_\_\_ has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
Friday, October 5, 2018

**11c. Election Time(s):**  
7:00 a.m. to 9:00 a.m. and 12:00 noon to 2:00 p.m.

**11d. Election Location(s):**  
Conference Room

**12a. Full Name of Petitioner (including local name and number)**  
Teamster Local 570

**12b. Address (street and number, city, state, and ZIP code)**  
6910 Eastern Avenue, Baltimore, MD 21224

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel No.**  
410-284-5081

**12e. Cell No.**

**12f. Fax No.**  
410-282-7185

**12g. E-Mail Address**  
Team570@comcast.net

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**  
Moses Jackson, Vice President

**13b. Address (street and number, city, state, and ZIP code)**  
6910 Eastern Avenue, Baltimore, MD 21224

**13c. Tel No.**  
410-284-5081


**13d. Cell No.**  
443-506-7540

**13e. Fax No.**  
410-282-7185

**13f. E-Mail Address**  
Team570@comcast.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**  
Moses Jackson

**Signature**  


**Title**  
Vice President

**Date**  
9-20-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

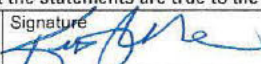
UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-227878Date Filed  
9/24/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> KMN Mechanical		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 7400 Boston Blvd. Springfield, VA 22153	
<b>3a. Employer Representative - Name and Title:</b> Dwight Day, Owner/President		<b>3b. Address (if same as 2b - state same):</b> same	
<b>3c. Tel. No.</b> 703-550-9888	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 703-550-7585	<b>3f. E-Mail Address</b> dwightday@kmnmechanical.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.):</b> Mechanical Contractor		<b>4b. Principal Product or Service</b> HVAC	<b>5a. City and State where unit is located:</b> Springfield, VA
<b>5b. Description of Unit Involved:</b> Included: See attached  Excluded: See attached		<b>6a. Number of Employees in Unit:</b> 13  <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> <b>7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state).</b> <input type="checkbox"/> <b>7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.</b>			
<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> None		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <b>If so, approximately how many employees are participating?</b> _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>  <b>10d. Cell No.</b>  <b>10e. Fax No.</b>  <b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> October 10, 2018		<b>11c. Election Time(s):</b> 8a.m. to 10 a.m.	<b>11d. Election Location(s):</b> employer's shop
<b>12a. Full Name of Petitioner (including local name and number):</b> Steamfitters Local 602		<b>12b. Address (street and number, city, State and ZIP code):</b> 8700 Ashwood Drive, Capitol Heights, MD 20743	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada			
<b>12d. Tel. No.</b> 301-333-2356	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 301-333-1730	<b>12g. E-Mail Address</b> Lu602ba1@uanet.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Keith R. Bolek, Esq.		<b>13b. Address (street and number, city, State and ZIP code):</b> O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW Suite 800 Washington DC 20015	
<b>13c. Tel. No.</b> 202-362-0041	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 202-362-2640	<b>13f. E-Mail Address</b> kbolek@odonoghuelaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Keith R. Bolek		<b>Signature</b> 	<b>Title</b> Attorney  <b>Date</b> 09/24/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all guards and supervisors as defined in the Act.

(b) (6), (b) (7)(C)

**FIRST AMENDED RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-227878

Date Filed

9/27/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer:**  
KMN Sheet Metal, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
7400 Boston Blvd. Springfield, VA 22153

**3a. Employer Representative - Name and Title:**  
Dwight Day, Owner/President

**3b. Address (if same as 2b - state same):**  
same

**3c. Tel. No.**  
703-550-9888

**3d. Cell No.**

**3e. Fax No.**  
703-550-7585

**3f. E-Mail Address**  
dwightday@kmmmechanical.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Mechanical Contractor

**4b. Principal Product or Service**  
HVAC

**5a. City and State where unit is located:**  
Springfield, VA

**5b. Description of Unit Involved:**

**Included:**

See attached

**Excluded:**

See attached

**6a. Number of Employees in Unit:**  
13

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
October 13, 2018

**11c. Election Time(s):**  
1:00 p.m. to 3:00 p.m.

**11d. Election Location(s):**  
employer's shop

**12a. Full Name of Petitioner (including local name and number):**  
Steamfitters Local 602

**12b. Address (street and number, city, State and ZIP code):**  
8700 Ashwood Drive, Capitol Heights, MD 20743

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
United Association of Journeymen & Apprentices of the Plumbing & Pipefitting Indus. of the U.S. and Canada

**12d. Tel. No.**  
301-333-2356

**12e. Cell No.**

**12f. Fax No.**  
301-333-1730

**12g. E-Mail Address**  
Lu602bal@uanet.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Keith R. Bolek, Esq.

**13b. Address (street and number, city, State and ZIP code):**  
O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW Suite 800  
Washington DC 20015

**13c. Tel. No.**  
202-362-0041

**13d. Cell No.**

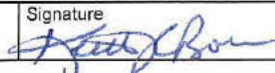
**13e. Fax No.**  
202-362-2640

**13f. E-Mail Address**  
kbolek@odonoghuelaw.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Keith R. Bolek

**Signature**



**Title**  
Attorney

**Date**  
09/27/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

5b. Description of Unit Involved:

Included: All full-time and regular part-time service technicians and plumbers, including apprentices and helpers, employed by the employer.

Excluded: All employees employed in the employer's office, shop, field, delivery, and HVAC supply departments, and all guards and supervisors as defined in the Act.

(b) (5), (b) (7)(C)

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No. 5-RC-228241

Date Filed 9/27/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

DHL, Express

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

1328 Charwood Rd Ste 100  
MD Hanover 21076-3200

**3a. Employer Representative - Name and Title**

Adam Scott

**3b. Address (If same as 2b - state same)**

1328 Charwood Rd Ste 100  
MD Hanover 21076-3200

**3c. Tel. No.**

(410) 689-1810

**3d. Cell No.**

(202) 701-5147

**3e. Fax No.**

(480) 655-3167

**3f. E-Mail Address**

Adam.Scott-Foshee@dhl.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Others

**4b. Principal product or service**

Package Delivery

**5a. City and State where unit is located:**

Hanover, MD

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

3

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:**



7a. Request for recognition as Bargaining Representative was made on (Date) 09/25/2018 and Employer declined recognition on or about 09/27/2018 (Date) (If no reply received, so state). Yes



7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
10/16/18 or earliest available date

**11c. Election Time(s):**  
9am-10am and 2pm-3pm

**11d. Election Location(s):**  
secure location at company location

**12a. Full Name of Petitioner (including local name and number)**

Mark Garey  
Truck Drivers, Helpers, Taxicab Drivers, Garage Employees and Airport Employees Local Union no. 355

**12b. Address (street and number, city, state, and ZIP code)**

1030 S Dukeland St  
MD Baltimore 21223-3381

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**  
International Brotherhood of Teamsters

**12d. Tel No.**

(410) 566-5700

**12e. Cell No.**

(443) 631-1415

**12f. Fax No.**

(410) 566-1485

**12g. E-Mail Address**

mgarey@teamsters355.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

**13b. Address (street and number, city, state, and ZIP code)**

**13c. Tel No.**

**13d. Cell No.**

**13e. Fax No.**

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Mark Garey

**Signature**

Mark Garey

**Title**

Business Agent

**Date**

09/27/2018 13:44:52

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-228241	Date Filed 9/27/18

Employees Included  
All full time and Part time clerical employees

Employees Excluded  
all supervisors and managers as described in the act

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

Date Filed

05-RC-22 8527 10-03-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer: Brock Services, LLC	2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 11615 Crossroads Circle, Suite E, White Marsh, MD 21220
3a. Employer Representative - Name and Title: Michael Bauguess, Operations Manager	3b. Address (if same as 2b - state same): same

3c. Tel. No. 443-228-1030	3d. Cell No. 717-940-5927	3e. Fax No.	3f. E-Mail Address mike.bauguess@brockgroup.com
4a. Type of Establishment (Factory, mine, wholesaler, etc.) construction		4b. Principal Product or Service mechanical insulation	5a. City and State where unit is located: White Marsh, MD

5b. Description of Unit Involved: Included: All mechanical insulators Excluded: Scaffolding, painting, abatement and carpenter employees and all supervisors as defined in the Act.	6a. Number of Employees in Unit: 10 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) n/a (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (If none, so state) n/a	8b. Address:
---	--------------

8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any:		8h. Date of Recognition or Certification	8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
none

10a. Name	10b. Address	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type:  
☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s): 10/24/2018	11c. Election Time(s): 2:00 - 4:00 p.m.	11d. Election Location(s): White Marsh Library
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12a. Full Name of Petitioner (including local name and number): International Association of Heat & Frost Insulators & Allied Workers, Local 24	12b. Address (street and number, city, State and ZIP code): 901 Montgomery Street, Laurel, MD 20707
--	--

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
International Association of Heat & Frost Insulators & Allied Workers

12d. Tel. No. 301-725-2400	12e. Cell No. 301-467-1169	12f. Fax No. 301-725-0804	12g. E-Mail Address mike.moneymaker@insulators24.org
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13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: Michael R. Moneymaker, Business Agent & Organizer		13b. Address (street and number, city, State and ZIP code): 901 Montgomery Street, Laurel, MD 20707	
--	--	--	--

13c. Tel. No. 301-725-2400	13d. Cell No. 301-467-1169	13e. Fax No. 301-725-0804	13f. E-Mail Address mike.moneymaker@insulators24.org
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I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) Michael R. Moneymaker	Signature <i>M. Moneymaker</i>	Title Business Agent & Organizer	Date 10/3/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

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UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

5-RC-229341

Date Filed

10/16/18

**INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.**

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

**2a. Name of Employer**

Hands-On, LLC

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

11820 Parklawn Dr Ste 520  
MD Rockville 20852-2546

**3a. Employer Representative - Name and Title**

Crickett Thomas-O'Dell

**3b. Address (If same as 2b - state same)**

451 N. Hungerford Dr Ste 119-344  
MD Rockville 20850-5148

**3c. Tel. No.**

(301) 990-9765

**3d. Cell No.**

(518) 506-7920

**3e. Fax No.**

(301) 618-0408

**3f. E-Mail Address**

Crickett.O'Dell@hands-on-llc.net

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Transportation

**4b. Principal product or service**

Bus/fleet servicing and cleaning

**5a. City and State where unit is located:**

Rockville, MD

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

98

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☒ **7a. Request for recognition as Bargaining Representative was made on (Date) 08/27/2018 and Employer declined recognition on or about 08/31/2018 (Date) (If no reply received, so state). Yes**

☐ **7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.**

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_**

**(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.**

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
November 7th, 8th or 9th

**11c. Election Time(s):**  
8am-1pm, 2-6:30pm, 7-9pm

**11d. Election Location(s):**  
Teamsters Local Union 922 Hall, in DC

**12a. Full Name of Petitioner (including local name and number)**

Major Muhammad  
Teamsters Local Union 922

**12b. Address (street and number, city, state, and ZIP code)**  
2120 Bladensburg Rd NE Ste 102  
DC Washington 20018-1494

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Brotherhood of Teamsters

**12d. Tel No.**

(202) 526-9250

**12e. Cell No.**

**12f. Fax No.**

(202) 526-9253

**12g. E-Mail Address**

teamsters922@gmail.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Johnice Earle Business Agent  
Teamsters L.U. 922

**13b. Address (street and number, city, state, and ZIP code)**

2120 Bladensburg Rd NE Ste 102  
DC Washington 20018-1494

**13c. Tel No.**

(202) 526-9250

**13d. Cell No.**

(202) 883-0196

**13e. Fax No.**

(202) 526-9253

**13f. E-Mail Address**

johnice@gmail.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Major Muhammad

**Signature**

Major Muhammad

**Title**

Secretary-Treasurer

**Date**

10/12/2018 11:25:08

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

### Employees Included

They have work units in DC, MD, and VA. All bus cleaners, QAS's, and supervisors from the DC, Maryland, and Virginia work sites.

### Employees Excluded

All rail cleaners and supervisors from the DC, Maryland, and Virginia work sites.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-230029

Date Filed

10/29/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

Omniplex World Services Corporation

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

Gemini Contract in Herndon, VA

**3a. Employer Representative - Name and Title**

Mike Goodwin - Director Labor Relations

**3b. Address (If same as 2b - state same)**

14151 Park Meadow Drive, Suite 300 Chantilly, VA 20151

**3c. Tel. No.**

561-406-7971

**3d. Cell No.**

**3e. Fax No.**

**3f. E-Mail Address**

mike.goodwin@constellis.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

SECURITY AGENCY

**4b. Principal product or service**

SECURITY

**5a. City and State where unit is located:**

Herndon, VA

**6b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SECURITY OFFICERS AND ACCESS CONTROL OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY OMNIPLEX WORLD SERVICES CORPORATION @ THE GEMINI CONTRACT IN HERNDON, VA

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**

30

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes ☒ No ☐**

**Check One:**

☐

7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about

NO

(Date) (If no reply received, so state).

☐

7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

NONE

**8b. Address**

**8c. Tel No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO** If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 6b above. (If none, so state)**

NONE

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

11/15/18

**11c. Election Time(s):**

MAIL

**11d. Election Location(s):**

MAIL

**12a. Full Name of Petitioner (Including local name and number)**

International Union, Security, Police and Fire Professionals of America (SPFPA)

**12b. Address (street and number, city, state, and ZIP code)**

25510 Kelly Road, Roseville, MI 48066

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

International Union, Security, Police and Fire Professionals of America (SPFPA)

**12d. Tel No.**

586-772-7250 X111

**12e. Cell No.**

586-872-5634

**12f. Fax No.**

586-772-9644

**12g. E-Mail Address**

organize@spfpa.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Gordon Gregory, General Counsel

**13b. Address (street and number, city, state, and ZIP code)**

65 Cadillac Square, Suite 3727, Detroit, MI 48226

**13c. Tel No.**

313-964-5600

**13d. Cell No.**

**13e. Fax No.**

313-964-2125

**13f. E-Mail Address**

Gordon@UnionLaw.net

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

David L. Hickey

**Signature**

**Title**

International President

**Date**

10/24/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-230097

Date Filed  
10/29/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer</b> Transit Management of Alexandria, Inc.		<b>2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)</b> 3000 Center Business Center Dr VA Alexandria 22314-5205	
<b>3a. Employer Representative - Name and Title</b> Josh Baker		<b>3b. Address (If same as 2b - state same)</b> 3000 Center Business Center Dr VA Alexandria 22314-5205	
<b>3c. Tel. No.</b> (703) 746-5600	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> josh.baker@alexandria.gov
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Transportation		<b>4b. Principal product or service</b> Transit Service	
<b>5a. City and State where unit is located:</b> Alexandria, VA			<b>5b. Description of Unit Involved</b>
<b>Included:</b> See Attached Page 2 for additional details			<b>6a. No. of Employees in Unit:</b> 123
<b>Excluded:</b> See Attached Page 2 for additional details			<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state).</b>		<b>8b. Address</b>	
<b>8c. Tel No.</b>	<b>8d Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

<b>10a. Name</b>		<b>10b. Address</b>		<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
				<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election.				<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> November 15, 2018		<b>11c. Election Time(s):</b> 4:30 a.m. to 7:00 a.m., 11:00 a.m to 2:00 p.m., 6:00		<b>11d. Election Location(s):</b> Training Room			
<b>12a. Full Name of Petitioner (including local name and number)</b> Daniel B. Smith Amalgamated Transit Union				<b>12b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790			
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)</b> Amalgamated Transit Union							
<b>12d. Tel No.</b> (301) 431-7100		<b>12e. Cell No.</b> (202) 714-4219		<b>12f. Fax No.</b>		<b>12g. E-Mail Address</b> dsmith@atu.org	

<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title</b> Daniel B. Smith Assistant General Counsel AMALGAMATED TRANSIT UNION		<b>13b. Address (street and number, city, state, and ZIP code)</b> 10000 New Hampshire Ave MD Silver Spring 20903-1790	
<b>13c. Tel No.</b> (301) 431-7100	<b>13d. Cell No.</b> (202) 714-4219	<b>13e. Fax No.</b>	<b>13f. E-Mail Address</b> dsmith@atu.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

<b>Name (Print)</b> Daniel B. Smith	<b>Signature</b> Daniel B. Smith	<b>Title</b> Assistant General Counsel	<b>Date</b> 10/29/2018 12:15:36
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE	
Case 5-RC-230097	Date Filed 10/29/18

**Employees Included**

All full-time and regular part-time operators employed by the Employer at its Alexandria, VA facility.

**Employees Excluded**

All other employees, mechanics, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-230274Date Filed  
11/1/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. **The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.**

<b>2a. Name of Employer:</b> Concrete Pipe and Precast, LLC		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 3801 Cook Blvd., Chesapeake, VA 23323	
<b>3a. Employer Representative - Name and Title:</b> John Brabble		<b>3b. Address (if same as 2b - state same):</b>	
<b>3c. Tel. No.</b> 800-999-2278	<b>3d. Cell No.</b>	<b>3e. Fax No.</b> 757-487-2992	<b>3f. E-Mail Address</b>
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Batch Plant		<b>4b. Principal Product or Service</b> Pre-cast concrete products	<b>5a. City and State where unit is located:</b> Chesapeake, VA
<b>5b. Description of Unit Involved:</b> <b>Included:</b> Full- and regular part-time operators, foreman, quality control & production employees <b>Excluded:</b> Office clericals, managers, guards, and supervisors			<b>6a. Number of Employees in Unit:</b> 20 <b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> NONE		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b>			
<b>10a. Name</b> NONE		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts and election in this matter, state your position with respect to any such election:			<b>11a. Election Type:</b> <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> November 30, 2018		<b>11c. Election Time(s):</b> 11:30 a.m. to 2:00 pm	
<b>11d. Election Location(s):</b> Break room			
<b>12a. Full Name of Petitioner (including local name and number):</b> Public Service Employees Local Union 572		<b>12b. Address (street and number, city, State and ZIP code):</b> 5627 Allentown Rd., Ste. 206, Camp Springs, MD 20746	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> Laborers' International Union of North America			
<b>12d. Tel. No.</b> 301.316.4888	<b>12e. Cell No.</b>	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Brian Petruska, Counsel		<b>13b. Address (street and number, city, State and ZIP code):</b> 11951 Freedom Drive., Rm. 310, Reston, VA 20190	
<b>13c. Tel. No.</b> 703-860-4194	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 703-860-1865	<b>13f. E-Mail Address</b> bpetruska@maliuna.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Brian Petruska		<b>Signature</b> /s/Brian J. Petruska	<b>Title</b> Counsel
		<b>Date</b> 11/1/18	

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-230425

Date Filed

11/5/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
ITS Technology & Logistics, LLC d/b/a ITS  
ConGlobal

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
1710 Atlantic Ave., Chesapeake, VA 23324

**3a. Employer Representative - Name and Title:**  
Anthony Lee, Terminal Manager

**3b. Address (if same as 2b - state same):**  
(same as above)

**3c. Tel. No.**  
757-275-1274

**3d. Cell No.**

**3e. Fax No.**  
708-688-1048

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
railroad terminal

**4b. Principal Product or Service**  
load & offload intermodal units

**5a. City and State where unit is located:**  
Chesapeake, Virginia

**5b. Description of Unit Involved:**

**Included:**  
All terminal operators, gate clerks, and container/chassis mechanics

**Excluded:**  
All office, watchmen, guards, professional employees & supervisors as defined by Act

**6a. Number of Employees in Unit:**  
17

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) October 3, 2018 and Employer declined recognition on or about (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**

none

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating?

(Name of Labor Organization)

has picketed the Employer since (Month, Day, Year)

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

none

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

a Monday in November 2018

**11c. Election Time(s):**

8 a.m. to 10 a.m.

**11d. Election Location(s):**

men's break room at work site

**12a. Full Name of Petitioner (including local name and number):**

ILA Local 1970

**12b. Address (street and number, city, State and ZIP code):**

3300 East Princess Anne Road, Norfolk, VA 23502

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

International Longshoremen's Association

**12d. Tel. No.**

757-852-9304

**12e. Cell No.**

757-348-3657

**12f. Fax No.**

**12g. E-Mail Address**

kevbasmight@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**

Kevin Basnight, President, ILA Local 1970

**13b. Address (street and number, city, State and ZIP code):**

3300 East Princess Anne Road, Norfolk, VA 23502

**13c. Tel. No.**

757-852-9304

**13d. Cell No.**

757-348-3657

**13e. Fax No.**

**13f. E-Mail Address**

kevbasmight@yahoo.com

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

**Name (Print)**

Kevin Basnight

**Signature**

*Kevin Basnight*

**Title**

President, ILA Local 1970

**Date**

10-31-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

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UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-230513

Date Filed

11/5/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Alutiiq Pacific, LLC.	<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 4114 Legato Road, Suite 380, Fairfax, VA 22033
<b>3a. Employer Representative - Name and Title:</b> David Hoover, HR Manager	<b>3b. Address (if same as 2b - state same):</b> 1009 Bankton Circle, Hanahan, SC 29410

<b>3c. Tel. No.</b> 843-377-1772	<b>3d. Cell No.</b> 843-819-8260	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> DHOOVER@ALUTHQ.COM
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Security Systems & Services		<b>4b. Principal Product or Service</b> Security Protection	<b>5a. City and State where unit is located:</b> Fort Meade, Maryland
<b>5b. Description of Unit Involved:</b> <b>Included:</b> See attached page 2 for additional details <b>Excluded:</b> See attached page 2 for additional details		<b>6a. Number of Employees in Unit:</b> 70	<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_. (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

<b>8a. Name of Recognized or Certified Bargaining Agent (if none, so state)</b> NONE	<b>8b. Address:</b>
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<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** ☒ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
NONE

<b>10a. Name</b>	<b>10b. Address</b>	<b>10c. Tel. No.</b>	<b>10d. Cell No.</b>
		<b>10e. Fax No.</b>	<b>10f. E-Mail Address</b>

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

<b>11b. Election Date(s):</b> TBD	<b>11c. Election Time(s):</b> TBD	<b>11d. Election Location(s):</b> Mail Ballots
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<b>12a. Full Name of Petitioner (including local name and number):</b> Federal Contract Guards of America	<b>12b. Address (street and number, city, State and ZIP code):</b> 445 Park Ave, New York, NY 10022
--	--

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
NONE

<b>12d. Tel. No.</b> 212-541-3753	<b>12e. Cell No.</b>	<b>12f. Fax No.</b> 917-322-2105	<b>12g. E-Mail Address</b>
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**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**  
**13a. Name and Title:**  
Guy James, President
 **13b. Address (street and number, city, State and ZIP code):** 445 Park Ave, New York, NY 10022 |

<b>13c. Tel. No.</b> 212-541-3753	<b>13d. Cell No.</b> 631-983-7972	<b>13e. Fax No.</b> 917-322-2105	<b>13f. E-Mail Address</b> gfjames@fcgoa.com
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**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

<b>Name (Print)</b> Guy James	<b>Signature</b> 	<b>Title</b> President	<b>Date</b> 11/5/2018
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WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**RC Petition – Alutiiq Pacific, LLC.**

5b.

Included:

All full-time and regular part-time Security Officers performing guard duties, as defined by Section 9(b)(3) of the National Labor Relations Act, as amended, employed by the Employer and assigned to Fort Meade, Maryland, on the Employer's contract with the Defense Information Systems Agency.

Excluded:

All other employees, including administrative, clerical, supervisors, and non-guards, as defined by the National Labor Relations Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

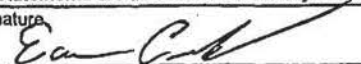
05-RC-230900

Date Filed

11-13-2018

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> SDAC Facilities Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> 1775 Duke Street, Alexandria, VA 22314-3428	
<b>3a. Employer Representative - Name and Title:</b> Ryan O'Shea		<b>3b. Address (if same as 2b - state same):</b> 910 Landline Road, Selma, AL 36701	
<b>3c. Tel. No.</b> 571-317-5195	<b>3d. Cell No.</b> same	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> roshea@sdacfacilitesservices.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Federal Office Building		<b>4b. Principal Product or Service</b> Facilities Maintenance	
<b>5a. City and State where unit is located:</b> Alexandria, VA		<b>5b. Description of Unit Involved:</b> Included: All full-time and regular part-time employees employed by the employer and engaged in facilities maintenance  Excluded: All clerical employees, all managerial employees, all professional employees, all guards and supervisors are defined by the Act.	
<b>6a. Number of Employees in Unit:</b> 3		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input checked="" type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) 11-10-2018 and Employer declined recognition on or about (Date) declined (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	
<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>			
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No <input checked="" type="checkbox"/> If so, approximately how many employees are participating? _____, has picketed the Employer since (Month, Day, Year) _____ (Name of Labor Organization)			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> none			
<b>10a. Name</b>		<b>10b. Address</b>	
<b>10c. Tel. No.</b>		<b>10d. Cell No.</b>	
<b>10e. Fax No.</b>		<b>10f. E-Mail Address</b>	
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail			
<b>11b. Election Date(s):</b> 12-10-2018		<b>11c. Election Time(s):</b> 1200-100pm	
<b>11d. Election Location(s):</b> Maintenance Break Room			
<b>12a. Full Name of Petitioner (including local name and number):</b> International Union of Operating Engineers, Local 99		<b>12b. Address (street and number, city, State and ZIP code):</b> 9315 Largo Drive West, Upper Marlboro, MD 20774	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Union of Operating Engineers			
<b>12d. Tel. No.</b> 202-253-5440	<b>12e. Cell No.</b> 202-253-5440	<b>12f. Fax No.</b> 240-716-9656	<b>12g. E-Mail Address</b> organizers@iuoelocal99.org
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Eamon Clifford		<b>13b. Address (street and number, city, State and ZIP code):</b> 9315 Largo Drive West, Upper Marlboro, MD 20774	
<b>13c. Tel. No.</b> 202-253-5440	<b>13d. Cell No.</b> 202-253-5440	<b>13e. Fax No.</b> 240-716-9656	<b>13f. E-Mail Address</b> organizers@iuoelocal99.org
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Eamon Clifford		<b>Signature</b> 	<b>Title</b> Lead Organizer
		<b>Date</b> 11-13-18	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.  
5-RC-231621Date Filed  
11/26/18

INSTRUCTIONS: Unless e-Filed using the Agency's website, [www.nlrb.gov](http://www.nlrb.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:  
Absolute Contracting Services, Inc.2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
7709 Delano Road, Clinton MD 207353a. Employer Representative - Name and Title:  
Russell Dunlap, President3b. Address (if same as 2b - state same):  
same3c. Tel. No.  
301-877-5200

3d. Cell No.

3e. Fax No.

3f. E-Mail Address

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
construction contracting company4b. Principal Product or Service  
construction5a. City and State where unit is located:  
Clinton, MD5b. Description of Unit Involved:  
Included:

All full-time &amp; regular part-time craftsmen, including carpenters, painters, and laborers

Excluded:

Office clericals, management employees, guards, and supervisors

6a. Number of Employees in Unit:  
76b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ NoCheck One: ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.8a. Name of Recognized or Certified Bargaining Agent (if none, so state)  
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)  
None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election: 11a. Election Type:  
☐ Manual ☒ Mail ☐ Mixed Manual/Mail11b. Election Date(s):  
December 21, 2018

11c. Election Time(s):

11d. Election Location(s):

12a. Full Name of Petitioner (including local name and number):  
Construction Workers United, Local 20212b. Address (street and number, city, State and ZIP code):  
11951 Freedom Drive  
Suite 310, Reston, VA 2019012c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):  
Laborers' International Union of North America12d. Tel. No.  
703-860-4194

12e. Cell No.

12f. Fax No.  
703-860-1865

12g. E-Mail Address

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:  
Brian Petruska, General Counsel13b. Address (street and number, city, State and ZIP code):  
11951 Freedom Drive  
Suite 310, Reston, VA 2019013c. Tel. No.  
703-860-4194

13d. Cell No.

13e. Fax No.  
703-860-186513f. E-Mail Address  
bpetruska@maliuna.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)  
Brian PetruskaSignature  
Title  
General CounselDate  
11/27/18WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

**RC PETITION**

**DO NOT WRITE IN THIS SPACE**

Case No.

5-RC-231755

Date Filed

11/28/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer**

MV Transportation, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)**

3325 Toledo Road  
MD Hyattsville 20782-

**3a. Employer Representative - Name and Title**

John Gray

**3b. Address (If same as 2b - state same)**

6505 Belcrest Road  
MD Hyattsville 20782-

**3c. Tel. No.**

(443) 763-1117

**3d. Cell No.**

(443) 763-1117

**3e. Fax No.**

**3f. E-Mail Address**

john.gray@mvtransit.com

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**

Transportation

**4b. Principal product or service**

Passenger Transportation

**5a. City and State where unit is located:**

Hyattsville, MD

**5b. Description of Unit Involved**

**Included:** See Attached Page 2 for additional details

**Excluded:** See Attached Page 2 for additional details

**6a. No. of Employees in Unit:**

80

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about \_\_\_\_\_ (Date) (If no reply received, so state).

☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (If none, so state).**

**8b. Address**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_

(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

**11a. Election Type:** ☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
December 28, 2018 (Ballots Mailed Out)

**11c. Election Time(s):**  
N/A

**11d. Election Location(s):**  
N/A

**12a. Full Name of Petitioner (including local name and number)**

Daniel B. Smith  
Amalgamated Transit Union

**12b. Address (street and number, city, state, and ZIP code)**

10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)**

Amalgamated Transit Union

**12d. Tel. No.**

(301) 431-7100

**12e. Cell No.**

(202) 714-4219

**12f. Fax No.**

(301) 431-7116

**12g. E-Mail Address**

dsmith@atu.org

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title**

Daniel B. Smith Assistant General Counsel  
AMALGAMATED TRANSIT UNION

**13b. Address (street and number, city, state, and ZIP code)**

10000 New Hampshire Ave  
MD Silver Spring 20903-1790

**13c. Tel. No.**

(301) 431-7100

**13d. Cell No.**

(202) 714-4219

**13e. Fax No.**

(301) 431-7116

**13f. E-Mail Address**

dsmith@atu.org

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Daniel B. Smith

**Signature**

Daniel B. Smith

**Title**

Assistant General Counsel

**Date**

11/28/2018 10:56:47

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

**Employees Included**

All full-time and regular part-time WAV drivers employed by the Employer at and out of its Hyattsville, MD facility.

**Employees Excluded**

All other employees, dispatchers, office clerical employees, managers, guards, professional employees and supervisors as defined by the Act.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-231986

Date Filed

12/3/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
Facilities Services Management, Inc.

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
Pentagon Memorial, Pentagon  
Washington, DC 22202

**3a. Employer Representative - Name and Title:**  
Howard Johnson, Project Manager

**3b. Address (if same as 2b - state same):**  
1031 Progress Drive, Clarksville, TN 37040

**3c. Tel. No.**  
931-552-7044

**3d. Cell No.**  
703-254-8932

**3e. Fax No.**  
931-552-7074

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Facilities Maintenance

**4b. Principal Product or Service**  
General Maintenance

**5a. City and State where unit is located:**  
Pentagon, Washington DC 22202

**5b. Description of Unit Involved:**  
**Included:**

All full-time and regular part-time cleaning and general maintenance workers

**Excluded:**

Office Clericals, management employees, guards, and supervisors

**6a. Number of Employees in Unit:**  
5

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (if no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
None

**8b. Address:**

**8c. Tel. No.**

**8d. Cell No.**

**8e. Fax No.**

**8f. E-Mail Address**

**8g. Affiliation, if any:**

**8h. Date of Recognition or Certification**

**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** No If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**  
None

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election:

**11a. Election Type:**

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**

**11c. Election Time(s):**

**11d. Election Location(s):**

Pentagon

**12a. Full Name of Petitioner (including local name and number):**  
Public Service Employees, Local 572

**12b. Address (street and number, city, State and ZIP code):**  
5627 Allentown Road, Suite 206  
Camp Springs, MD 20746

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**  
Laborers' International Union of North America

**12d. Tel. No.**  
301-316-4888

**12e. Cell No.**

**12f. Fax No.**

**12g. E-Mail Address**  
local572@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Brian Petruska, General Counsel

**13b. Address (street and number, city, State and ZIP code):**  
11951 Freedom Drive  
Suite 310, Reston, VA 20190

**13c. Tel. No.**  
703-860-4194

**13d. Cell No.**

**13e. Fax No.**  
703-860-1865

**13f. E-Mail Address**

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**

Brian Petruska

**Signature**

B. Petruska

**Title**

General Counsel

**Date**

12/3/18

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)  
(2-18)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-232033

Date Filed

12/4/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

**2a. Name of Employer:**  
GoldenSves LLC

**2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):**  
10501 Furnace rd Lorton, VA 22079

**3a. Employer Representative - Name and Title:**  
Sheila Seabolt

**3b. Address (if same as 2b - state same):**  
5904 Old Richmond Hwy Alexandria, VA 22079

**3c. Tel. No.**  
865-202-0008

**3d. Cell No.**

**3e. Fax No.**  
866-265-7304

**3f. E-Mail Address**

**4a. Type of Establishment (Factory, mine, wholesaler, etc.)**  
Government Building

**4b. Principal Product or Service**  
Security

**5a. City and State where unit is located**  
Lorton, VA

**5b. Description of Unit Involved:**  
**Included:**  
ALL armed and unarmed officers and Sergeants

**5a. Number of Employees in Unit:**  
7

**Excluded:**  
All office personal, Captains, Lieutenants Project Manager

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** ☒ Yes ☐ No

**Check One:** ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) \_\_\_\_\_ and Employer declined recognition on or about (Date) \_\_\_\_\_ (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

**8a. Name of Recognized or Certified Bargaining Agent (if none, so state)**  
Governed United Security Professionals

**8b. Address:**  
5602 Baltimore- National Pike suite 607 Balt, MD 21228

**8c. Tel. No.**  
443-304-2018

**8d. Cell No.**  
443-562-3230

**8e. Fax No.**  
443-304-2855

**8f. E-Mail Address**  
kleme@yahoo.com

**8g. Affiliation, if any:**  
NONE

**8h. Date of Recognition or Certification:**  
**8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)**

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** \_\_\_\_\_ If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of Labor Organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**

**10a. Name**

**10b. Address**

**10c. Tel. No.**

**10d. Cell No.**

**10e. Fax No.**

**10f. E-Mail Address**

**11. Election Details:** If the NLRB conducts and election in this matter, state your position with respect to any such election: **11a. Election Type:**  
☐ Manual ☒ Mail ☐ Mixed Manual/Mail

**11b. Election Date(s):**  
12/15/2018

**11c. Election Time(s):**

**11d. Election Location(s):**

**12a. Full Name of Petitioner (including local name and number):**  
Governed United Security Professionals

**12b. Address (street and number, city, State and ZIP code):**  
5602 Baltimore- National Pike suite 607 Balt, MD 21228

**12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):**

**12d. Tel. No.**  
443-304-2018

**12e. Cell No.**  
443-562-3032

**12f. Fax No.**  
443-304-2855

**12g. E-Mail Address**  
kleme@yahoo.com

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

**13a. Name and Title:**  
Kent Emery/ President

**13b. Address (street and number, city, State and ZIP code):**  
5602 Baltimore- National Pike suite 607 Balt, MD 21228

**13c. Tel. No.**  
443-304-2018

**13d. Cell No.**  
443-562-3032

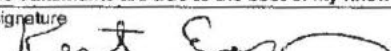
**13e. Fax No.**  
443-304-2855

**13f. E-Mail Address**  
kleme@yahoo.com

**I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.**

**Name (Print)**  
Kent Emery

**Signature**



**Title**  
President

**Date**  
11/26/201

**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2003). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

5-RC-233146

Date Filed

12/20/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlrb.gov/](http://www.nlrb.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer:  
JW Marriott Hotel

2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):  
1331 Pennsylvania Ave NW, Washington, DC 200041

3a. Employer Representative - Name and Title:  
Marnie Ganeshan

3b. Address (if same as 2b - state same):  
Same

3c. Tel. No.  
202-393-2000

3d. Cell No.

3e. Fax No.

3f. E-Mail Address:  
marnie.ganeshan@marriott.com

4a. Type of Establishment (Factory, mine, wholesaler, etc.)  
Hotel

4b. Principal Product or Service  
Hotel

5a. City and State where unit is located:  
Washington, DC

5b. Description of Unit Involved:  
Included:  
See attached  
Excluded:

6a. Number of Employees in Unit:  
15

6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No

All clerical employees, all managers, all guards and supervisors are defined by the act.

Check One: ☒ 7a. Request for recognition as Bargaining Representative was made on (Date) 12-20-2018 and Employer declined recognition on or about (Date) No reply (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Employer or Certified Bargaining Agent (if none, so state)  
None

8b. Address:

8c. Tel. No.

8d. Cell No.

8e. Fax No.

8f. E-Mail Address

8g. Affiliation, if any:

8h. Date of Recognition or Certification

8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year).

9. Is there now a strike or picketing at the Employer's establishment(s) involved? No ☒ If so, approximately how many employees are participating?

(Name of Labor Organization) has picketed the Employer since (Month, Day, Year)

10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)

None

10a. Name

10b. Address

10c. Tel. No.

10d. Cell No.

10e. Fax No.

10f. E-Mail Address

11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election:

11a. Election Type:

☒ Manual ☐ Mail ☐ Mixed Manual/Mail

11b. Election Date(s):

January 16, 2019.

11c. Election Time(s):

7 am to 8am and 3pm or 4pm

11d. Election Location(s):

maintenance break room

12a. Full Name of Petitioner (including local name and number):

International Union of Operating Engineers, Local 99

12b. Address (street and number, city, State and ZIP code):

9315 Largo Drive West #200 Upper Marlboro, MD 20774

12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):

International Union of Operating Engineers

12d. Tel. No.

202-337-0099

12e. Cell No.

202-253-5440

12f. Fax No.

240-716-3956

12g. E-Mail Address

clifford@iuoelocal99.org

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

13a. Name and Title:

Eamon Clifford Lead Organizer

13b. Address (street and number, city, State and ZIP code):

9315 Largo Drive West #200 Upper Marlboro, MD 20774

13c. Tel. No.

202-337-0099

13d. Cell No.

202-253-5440

13e. Fax No.

240-716-3956

13f. E-Mail Address

eamonclifford@iuoelocal99.org

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print)

Eamon Clifford

Signature



Title

Lead Organizer

Date

12-20-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)\*  
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

**Unit Description for Representation Petition at JW Marriot, Washington, DC.**

All fulltime and regular part-time employees employed by the employer engaged in building maintenance and engineering, including all painters and engineers 1 and engineers 2.

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
RC PETITION

DO NOT WRITE IN THIS SPACE

Case No.

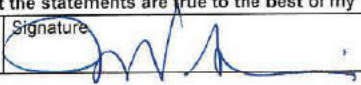
5-RC-232347

Date Filed

12/10/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov/](http://www.nlr.gov/), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

<b>2a. Name of Employer:</b> Audio Visual Services Group, Inc. d/b/a PSAV Presentation Services		<b>2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code):</b> Various, including Gaylord Hotel and Convention Center, Marriott Marquis, and Trump International Hotel	
<b>3a. Employer Representative - Name and Title:</b> Michael Borris, Director of Event Technology		<b>3b. Address (if same as 2b - state same):</b> 10110 Senate Drive, Lanham, MD 20706	
<b>3c. Tel. No.</b> (317) 577-0255	<b>3d. Cell No.</b>	<b>3e. Fax No.</b>	<b>3f. E-Mail Address</b> mborris@psav.com
<b>4a. Type of Establishment (Factory, mine, wholesaler, etc.)</b> Audio-Visual Services		<b>4b. Principal Product or Service</b> Audio-visual services	
<b>5a. City and State where unit is located:</b> Washington DC metro area		<b>5b. Description of Unit Involved:</b> Included: See Attachment A Excluded: See Attachment A	
<b>6a. Number of Employees in Unit:</b> 30		<b>6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Check One:</b> <input type="checkbox"/> 7a. Request for recognition as Bargaining Representative was made on (Date) _____ and Employer declined recognition on or about (Date) _____ (If no reply received, so state). <input type="checkbox"/> 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.			
<b>8a. Name of Recognized or Certified Bargaining Agent (If none, so state)</b> none		<b>8b. Address:</b>	
<b>8c. Tel. No.</b>	<b>8d. Cell No.</b>	<b>8e. Fax No.</b>	<b>8f. E-Mail Address</b>
<b>8g. Affiliation, if any:</b>		<b>8h. Date of Recognition or Certification</b>	<b>8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)</b>
<b>9. Is there now a strike or picketing at the Employer's establishment(s) involved?</b> No If so, approximately how many employees are participating? _____ (Name of Labor Organization) _____, has picketed the Employer since (Month, Day, Year) _____			
<b>10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)</b> None			
<b>10a. Name</b>		<b>10b. Address</b>	<b>10c. Tel. No.</b>
			<b>10d. Cell No.</b>
			<b>10e. Fax No.</b>
			<b>10f. E-Mail Address</b>
<b>11. Election Details:</b> If the NLRB conducts an election in this matter, state your position with respect to any such election: Mail Ballot			<b>11a. Election Type:</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail
<b>11b. Election Date(s):</b> Dec. 20-Jan. 10, 2019		<b>11c. Election Time(s):</b> N/A	<b>11d. Election Location(s):</b> N/A
<b>12a. Full Name of Petitioner (including local name and number):</b> International Alliance of Theatrical and Stage Employees, Local 22		<b>12b. Address (street and number, city, State and ZIP code):</b> 1810 Hamlin Street, NE Washington, DC 20018	
<b>12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state):</b> International Alliance of Theatrical and Stage Employees, AFL-CIO			
<b>12d. Tel. No.</b> 202 269 0212	<b>12e. Cell No.</b> 301 996 6543	<b>12f. Fax No.</b>	<b>12g. E-Mail Address</b>
<b>13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.</b>			
<b>13a. Name and Title:</b> Jennifer R. Simon, Attorney for Local 22		<b>13b. Address (street and number, city, State and ZIP code):</b> O'Donoghue & O'Donoghue LLP, 5301 Wisconsin Ave. NW, Washington DC 20015	
<b>13c. Tel. No.</b> 202 362 0041	<b>13d. Cell No.</b>	<b>13e. Fax No.</b> 202 362 3640	<b>13f. E-Mail Address</b> jsimon@odonoghuelaw.com
<b>I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.</b>			
<b>Name (Print)</b> Jennifer R. Simon		<b>Signature</b> 	<b>Title</b> Attorney
			<b>Date</b> 12/07/18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Attachment A to RC Petition: PSAV and IATSE Local 22  
December 7, 2018

**Unit Description:**

- Included: All full time and regular part time riggers, lead riggers, and rigging supervisors working on jobsites in the geographic jurisdiction of IATSE Local 22 (the greater metropolitan Washington DC area) except for those otherwise covered by a Collective Bargaining Agreement with Local 22.
- Excluded: All other employees, including all guards, supervisors, and office clericals as defined in the Act.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
**RC PETITION**

DO NOT WRITE IN THIS SPACE

Case No.

5-AC-232476

Date Filed

12/1/18

**INSTRUCTIONS:** Unless e-Filed using the Agency's website, [www.nlr.gov](http://www.nlr.gov), submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

**1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE** - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

2a. Name of Employer <b>Maxsent</b>		2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) <b>6100 Wabash Ave., Baltimore, MD 21215</b>	
3a. Employer Representative - Name and Title <b>Todd Pattison</b>		3b. Address (if same as 2b - state same) <b>185 Admiral Cochrane Dr. Suite 220, Annapolis, MD 21401</b>	
3c. Tel. No. <b>443-221-2750</b>	3d. Cell No.	3e. Fax No. <b>443-926-9929</b>	3f. E-Mail Address <b>tpattison@maxsent.com</b>
4a. Type of Establishment (Factory, mine, wholesaler, etc.) <b>SECURITY AGENCY</b>		4b. Principal product or service <b>SECURITY</b>	
		5a. City and State where unit is located: <b>Baltimore, MD</b>	

**6b. Description of Unit Involved**

**Included:** ALL FULL-TIME AND PART-TIME ARMED AND UNARMED SPECIAL POLICE OFFICERS PERFORMING GUARD DUTIES AS DEFINED IN SECTION 9(b)(3) OF THE NATIONAL LABOR RELATIONS ACT, EMPLOYED BY MAXSENT @ 6100 WABASH AVE., BALTIMORE, MD 21215

**Excluded:** ALL OFFICE CLERICAL EMPLOYEES, PROFESSIONAL EMPLOYEES AND SUPERVISORS AS DEFINED BY THE ACT.

**6a. No. of Employees in Unit:**

**67**

**6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner?** Yes ☒ No ☐

**Check One:** ☐ 7a. Request for recognition as Bargaining Representative was made on (Date) NONE and Employer declined recognition on or about (Date) (If no reply received, so state).  
☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.

8a. Name of Recognized or Certified Bargaining Agent (if none, so state).		8b. Address	
8c. Tel. No.	8d. Cell No.	8e. Fax No.	8f. E-Mail Address
8g. Affiliation, if any		8h. Date of Recognition or Certification	
		8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)	

**9. Is there now a strike or picketing at the Employer's establishment(s) involved?** NO If so, approximately how many employees are participating? \_\_\_\_\_  
(Name of labor organization) \_\_\_\_\_, has picketed the Employer since (Month, Day, Year) \_\_\_\_\_.

**10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state)**  
**NONE**

10a. Name <b>USOA</b>	10b. Address <b>P.O. BOX 11373, Baltimore, MD 21239</b>	10c. Tel. No.	10d. Cell No.
		10e. Fax No.	10f. E-Mail Address <b>ldeans@gmail.com</b>

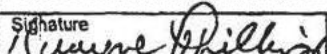
**11. Election Details:** If the NLRB conducts an election in this matter, state your position with respect to any such election.

11a. Election Type: <input checked="" type="checkbox"/> Manual <input type="checkbox"/> Mail <input type="checkbox"/> Mixed Manual/Mail	11b. Election Date(s): <b>12/27/18</b>	11c. Election Time(s): <b>6-8 A.M. &amp; 2-4 P.M.</b>	11d. Election Location(s): <b>Breakroom</b>
12a. Full Name of Petitioner (including local name and number) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>		12b. Address (street and number, city, state, and ZIP code) <b>25510 Kelly Road, Roseville, MI 48066</b>	
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) <b>International Union, Security, Police and Fire Professionals of America (SPFPA)</b>			
12d. Tel. No. <b>586-772-7250 X111</b>	12e. Cell No. <b>586-872-5634</b>	12f. Fax No. <b>586-772-9644</b>	12g. E-Mail Address <b>organize@spfpa.org</b>

**13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.**

13a. Name and Title <b>Gordon Gregory, General Counsel</b>		13b. Address (street and number, city, state, and ZIP code) <b>65 Cadillac Square, Suite 3727, Detroit, MI 48226</b>	
13c. Tel. No. <b>313-964-5600</b>	13d. Cell No.	13e. Fax No. <b>313-964-2125</b>	13f. E-Mail Address <b>Gordon@UnionLaw.net</b>

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

Name (Print) <b>Dwayne Phillips</b>	Signature 	Title <b>Organizing Director</b>	Date <b>12/7/18</b>
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**WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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